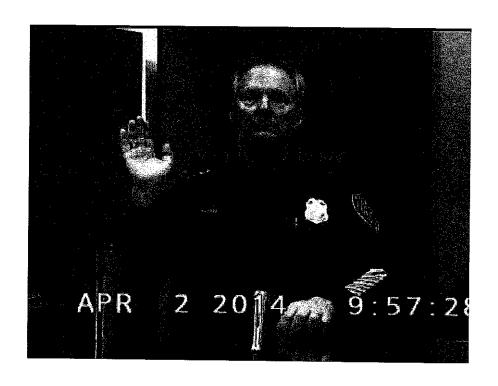
# United States District Court Eastern District of Wisconsin

# Estate of Perry v. Wenzel 12-CV-664



# Video Deposition of Chief Edward Flynn

Recorded 04/02/2014 in Milwaukee, WI 9:57 am - 1:03 pm, 176 mins. elapsed

### Magne-Script

(414) 352-5450



20421 Condensed transcript with index

1 (Pages 1 to 4)

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	Witness	1	INDEX
	Chief Edward Flynn	2	War 1 & 672 7 1
	Wednesday 04/02/2014 at 10:15 by: Jeff Joseph	3	EXAMINATION BY PAGE NO.  Mr. Gende
		4	
	Police Administration Building 950 N. James Lovell St.	5	
İ	Milwaukee, WI	6	***************************************
	Fetate of Borry w Wengel	7	68 - Notice of Deposition
	Estate of Perry v. Wenzel 12-CV-664	8	69 - Transcript of TV interview
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		11	72 - MPD investigation supplement 137
		12	(The sealed original transcript was sent to Mr. Gende)
1		1	EVAMINATION
1		13	EXAMINATION
		14	BY MR. GENDE:
		15	Q Good morning, Chief. Could you please state your name
1		16	and spell your last name for the record?
		17	A Edward Flynn, F-l-y-n-n.
		18	Q Chief Flynn, I'm going to ask you a series of
		19	questions regarding your knowledge of policies and
		20	procedures at the Milwaukee Police Department and the
		21	events surrounding Mr. Perry's in-custody death. If
		22	you don't understand my question, please tell me so
		23	and I'll attempt to rephrase it in a manner that's
		24	more clear. Is that fair?
		25	A Yep.
İ	Page 2		Page 4
1	APPEARANCES	1	Q If you answer my question, I will presume that you
2	James J. Gende	2	understood it. Is that fair?
3	Gende Law Office, S.C.	3	A Yes.
4	N28 W23000 Roundy Dr.	4	Q Please allow me to ask my entire question before you
5	Pewaukee, WI 53072	5	attempt to answer, and I'll afford you the same
6	On behalf of the Plaintiffs	6	courtesy so that we may keep the record clear. Okay?
7		7	A Okay.
8	Christopher P. Katers	8	(Exhibit 68 identified)
9	Judge, Lang & Glynn, S.C.	9	Q Sir, I'm going to show you what we've marked as
10	8112 W. Bluemound Rd. #71	10	Exhibit No. 68, which is the Notice of Deposition
11	Milwaukee, WI 53213	11	requiring your appearance here today, which was set
12	On behalf of the Plaintiffs	12	for 10:15. We did agree to appear early in an attempt
13		13	to accommodate your schedule. Pursuant to this
14	Andrew A. Jones	14	notice, you were required to bring with you any
15	Whyte Hirschboeck Dudek S.C.	15	documents that you reviewed in preparation for your
16	555 E. Wells St. #1900	16	deposition. Did you do that, sir?
17	Milwaukee, WI 53202	17	A Nope.
18	On behalf of the Milwaukee County Defendants	18	Q Did you review any documents in preparation for your
19		19	deposition?
20	Susan E. Lappen	20	A As I was preparing for my deposition, I looked at the
21	Milwaukee City Attorneys Office	21	Critical Incident Review Board Report on the incident.
22	841 N. Broadway #716	22	Q And when was that, sir?
23	Milwaukee, WI 53202	23	A That was yesterday.
24	On behalf of the City of Milwaukee Defendants	24	Q Did you meet with your attorney in preparation for
		ΩE	
25		25	your deposition?

2 (Pages 5 to 8)

### Page 5 Page 7 Yes, I did. Α 1 Well, you know, through me. I delegate authority to 2 Q On how many occasions? 2 take care of certain aspects of police administration, 3 Α 3 so when I made the decision that we needed to amend 4 Q And when did that meeting occur? 4 the policy, I delegated the amendment of the policy to 5 Yesterday, I guess. 5 the Office of Management and Planning, which reports 6 THE WITNESS: [Addressing Ms. Lappen] Day 6 to one two-star inspector; the Police Academy reports 7 before yesterday? 7 to a separate two-star inspector. 8 A Yesterday. 8 It was that inspector's job to reach out to the 9 BY MR. GENDE: 9 deputy inspector at the academy and create training 10 Q And how long did you meet for, sir? 10 around the new protocol, that we'd go through all the 11 A Oh, I don't know. About a half an hour. 11 various in-service trainings of that year. And 12 Q All right. Other than reviewing the Critical Incident 12 obviously through the Operations commanders, we put 13 Report and meeting with your attorney, did you 13 out a roll-call training, which simply updated the 14 undertake any other steps to prepare for your 14 officers at the work sites that there had been an 15 deposition today? 15 amendment to the policy. 16 A No. I did not. 16 The policy that we're discussing is 090. Are you 17 Q Have you spoke with any of the officers that have been 17 familiar with that new policy? 18 previously deposed? 18 A I'm familiar with the aspect of it that pertains to 19 19 the lessons learned here, yeah. 20 Q Who is the most responsible at the Milwaukee Police 20 And when you say "lessons learned here," is that in 21 Department for training officers on policies and 21 relation to Mr. Perry's in-custody death? 22 procedures? 22 A That's correct. 23 A I need a better sense of what you're getting at. Do 23 And tell me what policy was in place prior to Mr. 24 you need to know who is in charge of the Police 24 Perry's in-custody death as it relates to medical 25 Academy or who is in charge of the police department 25 emergencies for inmates. Page 6 Page 8 or who is in charge of the bureau of which the Police 1 1 A I really can't recite for you what the policy said. I 2 Academy is? Which do you want to know? 2 can tell you what was not in the policy. And that 3 Q Let me ask you this. Once officers are out of the 3 policy did not anticipate a circumstance in which our 4 academy, does their training stop? officers would disagree with the medical diagnosis of 4 5 5 a hospital and attempt to see the prisoner admitted 6 Q If the policies and procedures are changed after an 6 against the hospital's wishes. We didn't have a 7 officer is outside of the academy, how are those policy that anticipated our officers being in that 7 8 policies and procedures communicated to officers? 8 circumstance. 9 A Two ways. One is through roll-call training, which 9 And so that's the amendment we made, was to try 10 takes place at every work site, and another is through 10 to put in place a policy which would give supervisory 11 the annual in-service training at the Police Academy. 11 backup to the officers' concerns; and if it couldn't 12 Q For instance, policies and procedures were changed 12 be resolved, get the prisoner to the Central Judicial 13 regarding medical emergencies as it relates to inmates 13 Facility as soon as possible because they do have 14 who suffer from a medical condition. Tell me how that 14 medical staff there. We don't have medical staff at 15 policy and procedure was subsequently communicated to 15 the jail. And that was the purpose of the change in 16 officers so they would understand their new 16 the policy. responsibilities in that regard. 17 17 So the rest of it, I really couldn't tell you, 18 A It was communicated through -- to all officers who 18 but I remember why we changed it, and we changed it 19 went through in-service training that year, which was 19 because we had a circumstance that our policy, I don't 20 everybody, and it was also read at all the roll-calls 20 know if anybody else's policy, had anticipated. 21 so that officers were aware that the policy had been 21 Q You mentioned the Central Judicial Facility, and maybe 22 amended. 22 I misheard that. Are you referring to the sheriff's 23 Q Is there a specific officer in your chain of command 23 department facility? 24 that is ultimately responsible to make sure that 24 A That's correct. Yeah. information is disseminated to all officers? 25 Q How were your officers trained on recognizing a

3 (Pages 9 to 12)

### Page 9 Page 11 1 Q When did you first become advised that Mr. Perry had medical emergency prior to September 13th of 2010, if 2 passed away while in custody of the Milwaukee Police 3 A I don't know offhand. I do know our training meets 3 Department? 4 the standards of the Wisconsin law enforcement 4 A I really can't recall. This happened in 2010. I 5 training people, but I don't -- I don't know what the 5 don't remember exactly when I was told. 6 exact training was. 6 Q Is it policy and procedure that the chief be advised 7 Generally, what's your understanding pursuant to 7 within 24 hours of a in-custody death for an inmate? 8 department policies and procedures what constitutes a A It's the expectation that I'll be advised as soon as 8 9 medical emergency? 9 practical. Obviously it's a critical incident and 10 A That's a subjective call. I mean, if somebody is --10 something I'm going to want to be made aware of. 11 appears to be in distress, it's our expectation that 11 Q Do you recall initially what information was provided 12 people will get them medical help, as occurred in this 12 to you about Mr. Perry's in-custody death as soon as 13 circumstance. 13 practical after he passed away? 14 Q Relative to medical emergencies, do you have an 14 A I don't recall. understanding or definition for what constitutes a 15 15 Do you know if you were on duty at the time? 16 change in condition? 16 I do not recall. You'd have to refer to the policy. I don't know 17 17 Do you know if it was via telephone call or an officer 18 offhand. 18 coming into your office? O As the chief of police for Milwaukee, do you have an 19 19 A Don't remember. 20 understanding what a change of condition may be that 20 Do you know how many individuals in the custody of the 21 would suggest a medical emergency is occurring to an 21 Milwaukee Police Department have passed away since 22 inmate? 22 you've become chief? 23 A It's not a call that I am likely to ever have to make. 23 A Not exactly. It's a very, very small number, though. We develop our policies based on standards set by the 24 24 More than ten, less than ten? state, we train our officers based on standards set by 25 25 It's less than ten. Page 10 Page 12 1 the state, and our policies comply with them. That's Q And in those instances where a individual in the 1 2 my expectation, that our officers will be trained to 2 custody of the Milwaukee Police Department has passed 3 comply with the policies we have that meet state 3 away, has there ever been an occasion where a critical 4 standards. incident investigation has not been undertaken? 4 5 Q And as we sit here today, are you able to describe for 5 A Well, we started the Critical Incident Review process 6 me what policies you're referring to that provide 6 I think only a year or so ago, and we've been going 7 training to your officers to recognize a changing 7 backwards to prior critical incidents and evaluating condition that may constitute a medical emergency for 8 8 9 one of your inmates? 9 So, you know, we did not have the CIRB in 10 A I have not personally taken the training that 10 existence in 2010, but we have subsequently examined 11 accompanies the policies that we have, so I couldn't 11 it after we put this in place in order to create a 12 tell you. 12 process by which we can learn lessons from the 13 Q You mentioned, as it relates to Mr. Perry's case, that 13 incidents outside of the internal investigation or any 14 he suffered a medical emergency, appeared in distress. 14 criminal investigations; what other lessons might we 15 Is that the time period when he was first taken to the 15 learn? And it was in that context, we think it's our 16 emergency room that you are referring to? 16 obligation. No policy in any agency can cover every 17 A That's correct. 17 conceivable incident that can occur. Just can't. Q And what type of distress did he suffer that suggested 18 18 Nobody's got them. 19 he was having a medical emergency requiring an 19 And so there are times when an unanticipated 20 emergency room visit? 20 incident, not anticipated by current policy, occurs, 21 A It is my understanding that he had a seizure. and you need to identify what that is and see if we 21 22 Q How did you come to that understanding? 22 can learn from it and adjust our policies and 23 A Well, I was advised of that subsequent to the incident trainings to deal with it. And this circumstance, as 23 24 and the demise of the patient as we did our internal 24 I say, I don't know a police department that's got a

investigation.

policy that anticipates that the officers having

25

4 (Pages 13 to 16)

### Page 13 Page 15 1 medical concerns that the hospital is choosing for 1 been disciplined relative to in-custody deaths, based 2 whatever reason not to recognize. 2 on this review that you have testified to today? 3 That was our problem. He should have been 3 A No. Not to my knowledge. 4 admitted to the hospital. He wasn't. And he was 4 Q Is it fair to say that when Mr. Perry passed away in 5 discharged to us. Our officers took him back to the 5 September of 2010, the only procedure in place to 6 facility and, you know, continued the process to get 6 investigate the incident surrounding his death was an 7 him prepared to go to CJF. It's our evaluation of 7 Internal Affairs investigation? 8 that that we would have been better served by a policy 8 A No, it's not fair to say that. The district 9 that A) elevated the concerns about the hospital 9 attorney's office investigates these as well. 10 personnel to higher-ranking authority to try to 10 Q Other than the district attorney and Internal Affairs 11 intervene, see if we could get them to change their 11 looking at the incidents surrounding an in-custody 12 mind; and if we still failed that, to expedite getting 12 death, including Mr. Perry's, was there any other 13 him to CJF simply for the fact that CJF, since it's a 13 policy or procedure in place for the police department 14 permanent jail facility, has medical personnel on 14 to review whether or not officers' conduct or call, available there in person. And they're in a 15 15 misconduct may have been a cause of the death? 16 better position to say this guy needs medical 16 A Well, that's part of the Internal Affairs attention, get him to the hospital. And we could get 17 17 investigation. I mean, the cause of death was 18 him to the hospital that way, or CJF could get him to 18 undiagnosed heart disease. That's clear in the 19 the hospital because they would have medical 19 autopsy report. The officers did nothing to cause 20 personnel. 20 that. The open question is whether or not they could 21 So, as I say, this was not something that had 21 have prevailed on the hospital to admit him if the 22 occurred to us before. It hadn't happened before. 22 hospital might have been in position to take 23 And consequently we amended the policy. But keep in 23 lifesaving measures sooner to save his life. But mind, the policy we amended already met the state 24 24 there's not one scintilla of evidence to indicate 25 standards for handling sick prisoners. The state 25 anybody did anything to Mr. Perry except advocate on Page 14 Page 16 1 doesn't have a policy that says if the hospital won't 1 his behalf to the hospital personnel. 2 admit a person you think needs to be admitted, here's 2 Q When was it determined that Mr. Perry had passed away 3 what you do. They didn't anticipate it either. 3 from an undiagnosed heart condition? Q You had mentioned that a new Critical Incident Review A That was in the medical examiner's report, said he had 4 5 policy was put into place after 2010 and that, 5 atherosclerosis; cause of death, heart attack. 6 pursuant to that policy, the police department has 6 Q Was that known prior to Internal Affairs undertaking 7 gone back and looked at other in-custody deaths --7 an investigation into the events surrounding Mr. 8 A Mm-hmm. 8 Perry's death? 9 Q -- to try and determine what, if anything, could have 9 A I don't know if that - I don't know exactly what the 10 been done differently to prevent the bad outcome; is 10 timelines were, but I'm sure that the Internal Affairs 11 that correct? 11 investigation was not completed, you know, before the 12 A That's correct. 12 autopsy report came through. 13 Q So is it fair to say that even though the policy was 13 Q Have you seen an opinion or report from Internal 14 not in place prior to certain in-custody deaths, the 14 Affairs which provides the results of their 15 police department has undertaken review of those? 15 investigation? 16 A We undertook -- yes, exactly. Well, we looked at the 16 A Not recently, but I have, yeah. 17 Perry case, and then, as I say, as part of this 17 Q Do you understand that as part of the Internal Affairs 18 Critical Incident Review process, changed the policy. 18 investigation, statements were taken on the evening in 19 You know, the Perry case had to work its way through 19 question by detectives assigned from the police 20 the system. But we also, once we did the evaluation, 20 department, correct? 21 which I believe was last year, that's when we made the 21 A I'm going to assume so. 22 adjustment to the policy. 22 Q Do you also understand that the medical examiner did 23 Q And when you undertook a review, not only of the Perry 23 not provide cause of death until November of 2010? 24 case but other in-custody deaths as it relates to the 24 A If that's what you say. I don't know. 25 new Critical Incident Review policy, has any officer 25 Q Do you know, as part of the Internal Affairs

5 (Pages 17 to 20)

### Page 17 Page 19 1 investigation that started on the evening Mr. Perry 1 carried into the police department and then carried to 2 died, who was in charge of that investigation? 2 the cell? 3 A I don't recall. 3 A The expectation is that, understanding the result of 4 Q Would there be a specific detective in charge, or 4 the administration of this sedative, that he would be 5 would a certain group be assigned to it? Tell me how 5 placed in an environment in which he couldn't do harm 6 that process works. 6 to himself and that they would keep an eye on him. 7 A It depends on the circumstances. Sometimes the entire 7 The understanding was this was a powerful sedative, 8 investigation is handled by Internal Affairs. 8 and it would be expected that he wouldn't be able to 9 Sometimes, if there's a violent death, there is the 9 walk or otherwise move, so they placed him in what I homicide personnel are brought in. I don't know who 10 10 suspect they perceived to be a secure place and kept 11 conducted this investigation. 11 an eye on him. But I don't know what the exact 12 Q After the investigation was completed, was there any 12 sequence of that consisted of. 13 responsibility for Internal Affairs to report to you 13 Q Well, I'm not inquiring of the exact sequence. My 14 their findings? 14 question to you as the chief of police is whether or 15 A Yes. 15 not you would have expected your officers to perform a 16 Q And tell me how that process works. 16 higher level of observation of an inmate who was under A I don't recall in this specific circumstance, but 17 17 a strong sedative, had suffered from seizures earlier 18 normally they make a report, and they brief me on 18 requiring an emergency room visit, was unable to walk 19 their findings. 19 into the police department upon return from the 20 Q Were you advised pursuant to the Internal 20 emergency room, had to be carried in, and then had to 21 investigation that Mr. Perry had suffered from any 21 be placed in a cell for observation. Is that a normal 22 change in condition after he was released from the observation level, or would you expect some greater 22 23 emergency room and brought back to the police 23 observation under those circumstances? 24 department's prebooking facility? 24 A I would expect him to be observed. The officers had 25 My understanding was that after he was administered 25 conveyed him to a hospital, which told him there was Page 18 Page 20 1 apparently a very strong sedative at the hospital, he 1 nothing wrong with him. They had discussed with 2 had great difficulty walking. And our officers were 2 medical personnel they were concerned about his 3 unable to get him to walk from the car to the facility 3 condition and were told by medical personnel that they and ultimately had to carry him into the processing 4 thought he was faking. Medical personnel administered 4 5 unit. And while there they had to sit him down on the 5 a strong sedative, which they said would make him 6 floor because he literally could not stand. This was sleep and he would be unable to walk. 6 7 allegedly part of the kicking in of the sedative that 7 Everything that Mr. Perry demonstrated in CJF was 8 had been administered to him at the hospital. 8 consistent with what medical personnel told our q While there, he began to spit; and the officers, 9 personnel to expect. So I would expect them to 10 as per the protocols, put a spit mask on him and 10 observe him. I would not expect them to have him 11 conveyed him to a cell for observation while the 11 under 24-hour observation or minute-by-minute 12 paperwork was finished to convey him to CJF. 12 observation given the set of circumstances that had 13 Q Do you know if the observation that Mr. Perry was 13 been presented to them by allegedly competent medical supposed to receive after he was conveyed to the cell 14 14 personnel. 15 was over and above what would normally occur for a 15 Q You mentioned CJF in your answer. Did you mean the 16 prisoner put in a cell as a result of Mr. Perry's 16 Prisoner Processing Section for MPD? 17 prior medical emergent situation where he had gone to 17 A No. I mean when -- to take him to the County, which 18 the emergency room and then been returned to the 18 is where he gets booked into the county system, they 19 police department? 19 as standard practice have medical personnel there. 20 A I don't recall precisely. 20 They're a full-service facility that way. And so 21 Should there have been a higher level of observation 21 that's why when we amended the policy, we said get him 22 by Milwaukee police officers as it relates to Mr. 22 directly over there when you have this kind of crossed 23 Perry, considering he had been released from the 23 opinions with hospital personnel. We're not doctors. 24 emergency room and was unable to walk under his own as 24 So get him someplace where there is medical personnel a result of medications that required him to be 25 that theoretically could intervene differently than we

6 (Pages 21 to 24)

1	· · · · · · · · · · · · · · · · · · ·	- T		0 (Tages 21 to 24)
1	Page 21			Page 23
1	can.	1		consistent with those two realities.
2	If they, for example, declined to admit him	2	Q	
3	because he needed medical assistance, then they v	vould 3	_	it relates to Mr. Perry's death prior to the medical
4	be the ones summoning medical assistance. We v			examiner opining that Mr. Perry suffered from a heart
5	be the ones taking him back again and renewing i			condition that caused his death?
6	would be a different level of competence disputin		Α	
7	hospital's refusal.	7	Q	
8	Q I just want to focus on the observation level you	8	V	that a thorough investigation had been done prior to
9	expected of your officers of Mr. Perry after he lef			
10	the emergency room and was returned to PPS and			the medical examiner's report in November of 2010?
11	he was transported to the Criminal Justice Facility			MS. LAPPEN: Objection as to the form of the
12	A Mm-hmm.	12		question.
13	Q Is it your expectation or do you have an understa			Go ahead and answer.
14		- 1	A	, and parama
15	under the policies and procedures in place in	14		satisfy myself.
16	September of 2010 that Mr. Perry should have rec		_	BY MR. GENDE:
	a higher level of observation than what is the norm	i	Q	
17 18	practice and procedure for prisoners that are put in			Perry had passed away while in the custody of the
19	cells at the PPS?	18		Milwaukee Police Department, correct?
20	A What I'm saying is that he should have received	a 19		Mm-hmm. Yes. Sorry.
	level of observation consistent with our policy and		Q	And you understood that as part of that critical
21	consistent with what the officers knew at the time	21		incident, both the district attorney and your Internal
22	that had been conveyed to them by medical person			Affairs Division would be asking questions, taking
23	terms of what to expect from the administration of			interviews, reviewing video if it was available, and
24	sedative and what the hospital thought his medica			trying to determine whether or not, first of all, if
25	condition was. What that exactly consists of, I wo	ould 25		misconduct had occurred, correct?
	Page 22			Page 24
1	have to leave to some level of discretion to the	1	Α	Mm-hmm. Yes.
2	personnel there, but it should be consistent with	what 2	Q	And secondly, if there was anything that could have
3	they had been advised and what they knew at the	e time. 3	-	2,
4				been done differently that might have prevented this
! <sup>4</sup>	Q So in your opinion, would that be a higher leve	lof 4		been done differently that might have prevented this tragic outcome, true?
5	Q So in your opinion, would that be a higher leve	lof 4		tragic outcome, true?
	Q So in your opinion, would that be a higher level observation for somebody who had been returned the emergency room, or would it just be standard	ol of 4 od from 5 d 6	Α	tragic outcome, true? Well, the investigation by Internal Affairs is about
5	Q So in your opinion, would that be a higher level observation for somebody who had been returned the emergency room, or would it just be standard operating procedures that any inmate who was p	ol of 4 od from 5 d 6	A	tragic outcome, true?  Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on
5 6	Q So in your opinion, would that be a higher level observation for somebody who had been returned	ol of 4 od from 5 d 6	A	tragic outcome, true?  Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on the part of our officers. Having, you know, read the
5 6 7	Q So in your opinion, would that be a higher level observation for somebody who had been returned the emergency room, or would it just be standard operating procedures that any inmate who was p	l of 4 cd from 5 d 6 out into 7	A	tragic outcome, true? Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on the part of our officers. Having, you know, read the report at the time, I was satisfied that they had
5 6 7 8 9	Q So in your opinion, would that be a higher level observation for somebody who had been returned the emergency room, or would it just be standard operating procedures that any inmate who was paled a cell would receive as far as observation is	l of 4 d from 5 d 6 ut into 7 8 9	A	tragic outcome, true? Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on the part of our officers. Having, you know, read the report at the time, I was satisfied that they had gotten to the bottom of what happened in terms of our
5 6 7 8 9 10 11	Q So in your opinion, would that be a higher level observation for somebody who had been returned the emergency room, or would it just be standard operating procedures that any inmate who was placel would receive as far as observation is concerned?	l of 4 d from 5 d 6 ut into 7 8 9	A	tragic outcome, true? Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on the part of our officers. Having, you know, read the report at the time, I was satisfied that they had
5 6 7 8 9 10 11	Q So in your opinion, would that be a higher level observation for somebody who had been returned the emergency room, or would it just be standard operating procedures that any inmate who was paled a cell would receive as far as observation is concerned?  MS. LAPPEN: Objection. It's been asked.	d of 4 d from 5 d 6 nut into 7 8 9 l and 10	A	tragic outcome, true?  Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on the part of our officers. Having, you know, read the report at the time, I was satisfied that they had gotten to the bottom of what happened in terms of our processes, our procedures, and the conduct of our officers.
5 6 7 8 9 10 11 12	Q So in your opinion, would that be a higher level observation for somebody who had been returned the emergency room, or would it just be standard operating procedures that any inmate who was performed a cell would receive as far as observation is concerned?  MS. LAPPEN: Objection. It's been asked answered a couple of times now.	d from 5 d 6 nut into 7 8 9 l and 10 11 12	A	tragic outcome, true?  Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on the part of our officers. Having, you know, read the report at the time, I was satisfied that they had gotten to the bottom of what happened in terms of our processes, our procedures, and the conduct of our officers.  Subsequent to that, probably about three years
5 6 7 8 9 10 11 12 13	Q So in your opinion, would that be a higher leve observation for somebody who had been returned the emergency room, or would it just be standard operating procedures that any inmate who was paacel! would receive as far as observation is concerned?  MS. LAPPEN: Objection. It's been asked answered a couple of times now.  But go ahead and answer.  MR. GENDE: I don't know that it's clear, I'm asking him for some	l of 4 d from 5 d 6 put into 7 8 9 l and 10 11 12 so 13	A	tragic outcome, true?  Well, the investigation by Internal Affairs is about ascertaining whether or not there was culpability on the part of our officers. Having, you know, read the report at the time, I was satisfied that they had gotten to the bottom of what happened in terms of our processes, our procedures, and the conduct of our officers.  Subsequent to that, probably about three years later when we constituted the Critical Incident Review
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### Page 25 Page 27 misconduct of a willful nature that had anything to do 1 1 that inappropriate verbiage directly related to the 2 with Mr. Perry's demise, 2 critical incident itself is not an identical issue. 3 Q As a result of the follow-up investigation done, based 3 Q You would agree as the police chief or chief of 4 on your new critical incident policy and procedure, do 4 police, whichever is more politically correct, that 5 you know if any officers were disciplined regarding 5 you lead by example, true? 6 their conduct as it relates to Mr. Perry on the 6 A I attempt to set the tone for the organization through 7 evening he died? 7 training, through policy, and through discipline. 8 A Well, the Critical Incident Review Board doesn't 8 And you would expect that the command staff that you 9 conduct a new investigation. They review all of the 9 have appointed underneath you would do the same, true? 10 paperwork and the relevant policies, and it's through 10 That is the expectation. that review that they identify training and policy 11 11 Q And you would hope that from the top to the bottom 12 12 those under your command and control would lead by 13 Q Do you know if any officers were subsequently 13 example and according to the policies and procedures 14 disciplined for misconduct as it relates to Mr. Perry? of the Milwaukee Police Department, correct? 14 15 A My recollection is, as we evaluated the films of this 15 MS. LAPPEN: Object as to the form of the incident, obviously we wanted to look at all available 16 16 question. tapes at the Prisoner Processing -- I can't even 17 17 But go ahead and answer. 18 remember what the last initial is. PP.... 18 A I expect them to comport themselves consistent with 19 MS. LAPPEN: "S," I think. our policies and procedures, to hold their personnel 19 20 THE WITNESS: "S." Okay. 20 accountable for adherence to them, and hold themselves A Prisoner Processing Section. Okay. We looked at all 21 21 accountable for adherence to them. 22 the tapes there, we did find an instance in which we 22 BY MR. GENDE: 23 identified a lieutenant who made a remark that 23 This is a hypothetical question and not meant as any certainly was unprofessional and inconsistent with his 24 24 disrespect to you as the chief of police. If you were 25 responsibilities. I do know we investigated him, and 25 to walk into a situation where a prisoner was Page 26 Page 28 I do know we were putting together charges. And I 1 considered uncooperative and had urinated and 2 don't recall precisely the sequence of events, but I 2 defecated on himself, would you ever state to that 3 believe, faced with what appeared to be some 3 prisoner in front of subordinate staff that if they 4 significant discipline, he subsequently retired. 4 were going to act like an animal, they would be 5 BY MR. GENDE: 5 treated like they were in prison? 6 Q Do you as the police chief condone inhumane treatment MS. LAPPEN: I'm going to object as to the 6 7 of prisoners in the custody of the Milwaukee Police 7 question because of form, and also it does call 8 Department? 8 for speculation. 9 A Certainly not. 9 But subject to the objections, go ahead and 10 And you would agree that inhumane treatment of people 10 11 in the custody of the Milwaukee Police Department can 11 A Well, I think as we indicated in this particular case, 12 occur by deed, correct? 12 we would hold somebody accountable for the words they 13 Α Yes. 13 uttered and for their demeanor as a supervisor. And 14 Q Or by word, correct? 14 we did. 15 A Well, you know, if we're going to parse words, I mean, 15 I would keep in mind that, despite the fact that 16 treatment is treatment, words are words. They're not 16 he said this in front of his personnel, and he was 17 identical. I certainly don't approve of inappropriate 17 clearly wrong and was clearly subject to significant 18 words. 18 discipline over it, prompting his retirement, that the 19 When we're trying to fix accountability for a 19 officers to whom he was speaking had just spent time 20 critical incident resulting in death, we're going to 20 at the hospital desperately trying to get him admitted 21 look at the treatments, we're going to look at the 21 against the stone wall of hospital intransigence. So 22 deeds, we're going to look at what people 22 I would say yes, he said bad things for which he was 23 affirmatively did or failed to do. If someone behaves 23 accountable. He was saying them to officers who had 24 unprofessionally, that's a violation of our values, 24 just behaved, I think, very humanely in an attempt to

and they'll be disciplined for it. Whether or not

advocate for a robbery -- somebody who had been

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		Page 29			Page 31
1		arrested for robbery, who was in their custody, and	1	Α	I don't recall it was put to him quite that directly,
2		they felt needed medical attention. So I don't think	2		but, you know, it wouldn't surprise me because
3		his words affected their conduct, but his words	3		certainly he was facing significant discipline for
4		certainly indicated his lack of fitness for that	4		that behavior.
5		position.	5	Q	Earlier you had testified regarding your understanding
6		BY MR. GENDE:	6		of Mr. Perry's change in condition after he left the
7	Q	I think you anticipate my line of questioning.	7		emergency room, and you mentioned that he was unable
8	A	and the second s	8		to walk under his own power. Were there any other
9	Q	But the	9		characteristics of Mr. Perry that you understand was a
10	A	But obviously the hypothetical is derived directly	10		change in his condition after he was released from the
11		from the record.	11		emergency room and once he arrived at the Prisoner
12	Q	That's true, but I'm seeking an answer to the	12		Processing Section?
13		hypothetical. Would you as the chief of police	13	Α	I recall two things. One was his inability to walk or
14		undertake such a comment to somebody in front of your	14		otherwise stand erect. The other one was that he was
15		subordinates?	15		expectorating, and that was the reason they put a
16	A	No. I	16		expectorant shield on his face.
17		MS. LAPPEN: Same objections.	17	O	Do you know if the officers that returned Mr. Perry
18		But go ahead and answer.	18		from the emergency room strike that question. Do
19	A	Yeah. I wouldn't do it, and I wouldn't expect my	19		you know how long Mr. Perry had been sitting in his
20		subordinates to do it.	20		own urination and defecation when he was returned to
21		BY MR. GENDE:	21		the Prisoner Processing Section for the Milwaukee
22	Q	And tell me, Chief, why wouldn't you make that type of	22		Police Department?
23		comment in front of your subordinates to a person in	23	Α	I don't recall what the sequence of events was there,
24		the custody of the police department?	24		no. I mean, he had just come from the hospital. I
25	Α	As I I'm sorry.	25		don't think he did it at the hospital.
					don't annik ne did it at the nospital.
		Page 30			Page 32
1			1	Q	Page 32
1 2		Page 30		Q	Page 32  So based on the investigation that you reviewed and
		Page 30  MS. LAPPEN: Same objection.	1	Q	Page 32  So based on the investigation that you reviewed and your understanding of the sequence of events, it's
2		Page 30  MS. LAPPEN: Same objection. Go ahead and answer.	1 2	Q	Page 32  So based on the investigation that you reviewed and your understanding of the sequence of events, it's clear that Mr. Perry did not urinate or defecate on
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Q A	MS. LAPPEN: Same objection. Go ahead and answer. It's unprofessional. BY MR. GENDE: And the effect of that unprofessional conduct is what on subordinate staff, if there's any effect whatsoever? Well MS. LAPPEN: Object to that. That calls for speculation. THE WITNESS: Yeah. MS. LAPPEN: But go ahead and answer. I mean, it depends on the quality of our subordinate staff. I mean, they are not automatons; they're not lemmings. Just because they have a supervisor who says dumb things doesn't mean they automatically go out and do a dumb thing. And in this situation, the officers didn't do a dumb thing, but the supervisor certainly said a dumb thing and deserved to be disciplined. BY MR. GENDE: Do you know that he was given the option of discipline	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Q A Q	Page 32  So based on the investigation that you reviewed and your understanding of the sequence of events, it's clear that Mr. Perry did not urinate or defecate on himself before he was released from the hospital, correct?  I can't say that it's clear. I just don't recall the sequence. I don't — I don't think he would have been released from the hospital in that condition, but I don't know.  So assuming for purposes of this line of questioning that Mr. Perry urinated and defecated on himself after he was released from the emergency room — Mm-hmm.  — and before he was taken to the Criminal Justice Facility, would you agree that that could constitute a change in condition for an inmate under the custody and control of the Milwaukee Police Department?  MS. LAPPEN: Objection to foundation. It calls for speculation.  But go ahead and answer.  Yeah. Yes.  BY MR. GENDE:

9 (Pages 33 to 36)

			1		
		Page 33			Page 35
1		condition?	1	(	No problem.
2	Α	My understanding was that there was some blood in hi	2		No, I have not seen this before.
3		spittle. I don't recall there being what would be	3	(	So above this narrative, it states, per Exhibit 1,
4		characterized as an ongoing bleeding wound that was	4		"Additional clinical information: Fill in only if
5		occurring. I understand there was some blood in his	5		being rejected."
6		spittle.	6	A	A Mm-hmm.
7	Q	Do you know how long Mr. Perry had blood in his spit	7		Oo you see that above the narrative? It's right above
8		prior to arriving at the Criminal Justice Facility?	8		it, Chief.
9	Α	No, I don't.	9	A	Oh, so they weren't going to accept him, either.
10	Q	Do you even know if your officers made any attempt to	10		Criminal Justice Facility refused to accept Mr. Perry.
11		determine the source of the blood coming from Mr.	11		Mm-hmm.
12		Perry after he was released from the emergency room	12	C	
13		and before he arrived at the Criminal Justice	13	•	that he was being rejected because he's bleeding
14		Facility?	14		profusely from his mouth; she was unsure of the source
15	A	My understanding is what they observed was felt to be	15		because he had the spit mask on; and he seemed to have
16		consistent with the effects of the sedative that he'd	16		loose bowels, had a history of seizures, and was taken
17		been administered.	17		to Sinai earlier in the evening.
18	Q	Including blood from an unknown source?	18	Δ	Mm-hmm.
19	-	Well, again, you know, if the mental picture is, you	19	C	
20		know, some sort of hemorrhaging, that's certainly	20	A	
21		different than what's been represented to me, which	21	2 1	MS. LAPPEN: I'll just object as to the form
22		was that he had some blood in his spittle.	22		of the question.
23	Q	Chief, I'm going to show you what we've previously	23		But go ahead and answer.
24		marked as Exhibit No. 1. And this is a county	24	Δ	That's what it says.
25		document, a prescreening, health prescreening document		4 1	BY MR. GENDE;
		Page 34			Page 36
1		done by the nurse that first assessed Mr. Perry upon	1	0	
2		his arrival	1 2	Q	o and the state of the state that
3	Α	Mm-hmm.	3		evidence which disputes what has been documented in
4	Q	at the Criminal Justice Facility. Have you ever	4		Exhibit No. 1 as it relates to Mr. Perry bleeding
5	`	seen this document before?	5		profusely from his mouth, unsure of the source because
6	Α	No.	6		he had the spit mask on, and he seemed to have loose bowels and had seizures?
7	Q	According to this nurse, and I'm referring to Exhibit	7		
8		No. 1, Mr. Perry reported ill or injured. Do you see	8		MS. LAPPEN: Object as to the form and the foundation of the question.
9		where that checked box that marks	9		But go ahead and answer.
10	A	Mm-hmm.	10		MR. JONES: Join.
11	Q	that box is checkmarked "Yes"?	11		THE WITNESS: [Addressing Ms. Lappen] What?
12	A	Yes.	12		Yeah.
13	Q	She goes on to say as her narrative that "The inmate	13	Α	No.
14		was bleeding profusely from the mouth. Unsure of	14	~ *	BY MR. GENDE:
15		source because he has the spit mask on."	15	Q	In the event that Mr. Perry had been bleeding
16	A	Mm-hmm.	16	*	profusely from his mouth or from some other unknown
17	Q	Did I read that correctly into the record?	17		source on his body while he was still at PPS, you
18	Α	And that's what it says he said, yes.	18		would concede that could constitute a change in
			19		condition which would suggest a medical emergency,
19	Q	No. This would be her observations of Mr. Perry			
20		during the health screening intake.	20		correct?
					correct?
20		during the health screening intake.	20		
20 21	Α	during the health screening intake. Is that what it is?	20 21		MS. LAPPEN: I object as to the form and the foundation.
20 21 22	A Q	during the health screening intake. Is that what it is? Yes, sir. Because it says, "IM." What does that mean, "inmate"? Inmate, yes.	20 21 22	A	MS. LAPPEN: I object as to the form and the foundation.  But go ahead and answer.
20 21 22 23	A Q A	during the health screening intake. Is that what it is? Yes, sir. Because it says, "IM." What does that mean, "inmate"?	20 21 22 23		MS. LAPPEN: I object as to the form and the foundation.

10 (Pages 37 to 40)

	Page 37		Page 39
1	a spit mask, they might not see what he's reporting.	1	A Not knowing precisely what wounds were caused, yes.
2	I don't know. That's not my recollection is not	2	BY MR. GENDE:
3	that they reported to me a profusion of blood from his	3	Q Sir, I'm going to show you what we've previously
4	mouth while he was in the holding facility.	4	marked as Exhibit No. 36. This is a continuation of
5	BY MR. GENDE:	5	the critical incident or Internal Affairs
6	Q Sir, I'd like to show you what we've marked as Exhibi	6	investigation done after Mr. Perry had passed away.
7	No. 34. This is an incident report prepared by your	7	There was an interview done of Andrew J. Puechner, who
8	detectives relative to an interview done with another	8	was a custodial employee for the Milwaukee Police
9	inmate who was present when Mr. Perry was at the	9	Department. He was interviewed by detectives. And
10	Prisoner Processing Section. Have you ever seen this	10	I'm at Bates stamp 60 in the lower right-hand corner,
11	document before?	11	Chief.
12	A I believe its contents were reported to me by the	12	A Where are we?
13	Internal Affairs people.	13	MS. LAPPEN: What did you say?
14	Q Did you have any reason to dispute the contents of	14	MR. GENDE: I'm at Bates stamp MPD Bates
15	this report when	15	stamp 60, lower right-hand corner.
16	A I'll have to look at it.	16	MS. LAPPEN: MPD6
17	MR. GENDE: And for the record, it's the	17	THE WITNESS: Six-zero or seven-zero?
18	interview of Tyrone Evans done at 12:20 in the	18	1
19	morning on September 14th, 2010.	19	MR. GENDE: Six-zero.
20	A Okay.	20	MS. LAPPEN: We have MPD169, MPD170, MPD171
21	Q In reviewing that report, you see that shortly after	21	That's the numbering sequence.
22	Mr. Perry's death, another inmate tells a Milwaukee	22	MR. GENDE: May I see the report? And I'll
23	Police Department detective that he observed Mr. Perry	1	get you to the page.
24	being carried in a hog-tied position and then being		THE WITNESS: [Hands document to Mr. Gende]
25		24	BY MR. GENDE:
۳	dropped on his face before being put in the cell for	25	Q Have you seen this incident report yet, Chief?
	Page 38		Page 40
1	observation, true?	1	A I can't say. I don't know.
2	MS. LAPPEN: Object as to the form and the	2	Q When Custodian Puechner was interviewed by your
3	foundation.	3	detectives, he stated that when he went into cell A3,
4	But go ahead and answer.	4	which was the cell Mr. Perry had just been removed
5	A I know he uses the expression "hog tied." Certainly,	5	from, he saw there were "gobs of spit, blood, and
6	you know, being shackled is not the same as being hog	6	fecal matter in the cell on the floor."
7	tied, and the only reason I raise that is hog tied is	7	A Mm-hmm.
8	a very dangerous thing to do because it can cut off	8	Q Do you see where I've read that?
9	your breathing.	9	A Yes.
10	Shackling your hands and shackling your feet	10	Q You would agree that Mr. Perry leaving gobs of spit,
11	separately, which is what did occur and can be seen on	11	blood, and fecal matter on the cell floor where he was
12	the film, is not identical with hog-tying and doesn't	12	being housed could suggest a change in condition as it
13	create a breathing hazard that hog-tying would. I do	13	relates to a potential medical emergency, correct?
14	recall now, looking at this, that the investigation	14	MS. LAPPEN: Objection as to the form of the
15			
10	did indicate that when they put him into his cell that		
16	•	15 16	question. It calls for speculation and
	did indicate that when they put him into his cell that	15	question. It calls for speculation and foundation as well.
16	did indicate that when they put him into his cell that they did lose control of him and dropped him from a	15 16 17	question. It calls for speculation and foundation as well.  But go ahead and answer.
16 17	did indicate that when they put him into his cell that they did lose control of him and dropped him from a height of about two feet or so onto the floor.  BY MR. GENDE:	15 16 17 18	question. It calls for speculation and foundation as well.  But go ahead and answer.  A Yes.
16 17 18	did indicate that when they put him into his cell that they did lose control of him and dropped him from a height of about two feet or so onto the floor.  BY MR. GENDE:	15 16 17 18 19	question. It calls for speculation and foundation as well.  But go ahead and answer.  A Yes.  BY MR. GENDE:
16 17 18 19	did indicate that when they put him into his cell that they did lose control of him and dropped him from a height of about two feet or so onto the floor.  BY MR. GENDE:  Q You would agree that somebody who was dropped on their face, who is being carried in the fashion that you've	15 16 17 18 19 20	question. It calls for speculation and foundation as well.  But go ahead and answer.  A Yes.  BY MR. GENDE:  Q Other than Mr. Perry being dropped on his face prior
16 17 18 19 20	did indicate that when they put him into his cell that they did lose control of him and dropped him from a height of about two feet or so onto the floor.  BY MR. GENDE:  Q You would agree that somebody who was dropped on their face, who is being carried in the fashion that you've just described, could result in an individual bleeding	15 16 17 18 19 20 21	question. It calls for speculation and foundation as well.  But go ahead and answer.  A Yes.  BY MR. GENDE:  Q Other than Mr. Perry being dropped on his face prior to being left in the cell for observation, do you have
16 17 18 19 20 21	did indicate that when they put him into his cell that they did lose control of him and dropped him from a height of about two feet or so onto the floor.  BY MR. GENDE:  Q You would agree that somebody who was dropped on their face, who is being carried in the fashion that you've just described, could result in an individual bleeding from his head of an unknown origin, true?	15 16 17 18 19 20 21 22	question. It calls for speculation and foundation as well.  But go ahead and answer.  A Yes.  BY MR. GENDE:  Q Other than Mr. Perry being dropped on his face prior to being left in the cell for observation, do you have any evidence as we sit here today what would be the
16 17 18 19 20 21 22	did indicate that when they put him into his cell that they did lose control of him and dropped him from a height of about two feet or so onto the floor.  BY MR. GENDE:  Q You would agree that somebody who was dropped on their face, who is being carried in the fashion that you've just described, could result in an individual bleeding	15 16 17 18 19 20 21 22 23	question. It calls for speculation and foundation as well.  But go ahead and answer.  A Yes.  BY MR. GENDE:  Q Other than Mr. Perry being dropped on his face prior to being left in the cell for observation, do you have any evidence as we sit here today what would be the cause or origin of the gobs of blood that was present
16 17 18 19 20 21 22 23	did indicate that when they put him into his cell that they did lose control of him and dropped him from a height of about two feet or so onto the floor.  BY MR. GENDE:  Q You would agree that somebody who was dropped on their face, who is being carried in the fashion that you've just described, could result in an individual bleeding from his head of an unknown origin, true?  MS. LAPPEN: Objection. Form and	15 16 17 18 19 20 21 22	question. It calls for speculation and foundation as well.  But go ahead and answer.  A Yes.  BY MR. GENDE:  Q Other than Mr. Perry being dropped on his face prior to being left in the cell for observation, do you have any evidence as we sit here today what would be the

11 (Pages 41 to 44)

### Page 41 Page 43 that it was, the blood was connected to his spit, A Mm-hmm. 2 connected to his fecal matter, or separate, but O Do you see where I read that? 3 certainly it was present. 3 Whereabouts on the page are we? 4 Q Do you have any evidence or reason to dispute as we 4 Q We are about a quarter of the way down from the top. sit here today that Custodian Puechner did not find 5 5 A Okay. Yeah. "Diaz-Berg stated she notified the 6 gobs of spit, blood, and fecal matter on the cell 6 custodian, who was already at PPS cleaning, there was 7 floor where Mr. Perry had laid after Mr. Perry was 7 blood and the smell of feces in Perry's cell." 8 removed? 8 Q So you have --9 MS. LAPPEN: Objection as to the form of the 9 A Right before that she said, "After Perry was removed 10 question. 10 from his cell, she observed a blood stain on the cell 11 But go ahead and answer. 11 floor about the size of a half-dollar and a blood 12 A Yeah. I don't think I indicated that I did. 12 stain outside of Perry's cell the size of a dime," and 13 BY MR. GENDE: 13 it was then that she called the custodian. 14 Q I'm just asking --Q So we have a custodian and a police officer observing 14 15 A I accept it at its face, yeah. 15 blood in the cell where Mr. Perry had been left for Q Based on the internal investigation that was 16 16 observation. We have an inmate saying he witnessed 17 completed, do you have any information that the blood 17 Mr. Perry being dropped on his face before he was put 18 found on the floor of Mr. Perry's cell where he lay in the cell. Based on that information, would you 18 19 after he was removed from the cell was the result of 19 expect that your officers should make some inquiry as 20 any act other than him being dropped on his face? 20 to whether or not Mr. Perry was suffering from a 21 MS. LAPPEN: Objection as to the form of the 21 medical emergency? 22 question and foundation. 22 MS. LAPPEN: Objection as to the form and 23 Go ahead and answer. 23 the foundation of the question. 24 A Yeah, I don't know. 24 Go ahead and answer. 25 BY MR. GENDE: 25 Well, I can't pretend to have memorized this chain of Page 42 Page 44 Q Based on your review of the internal investigation as 1 1 events. What I see in front of me is that this blood it relates to Mr. Perry's death, do you have an 2 2 stain on the cell floor about the size of a half-3 opinion as to whether or not Mr. Perry was dropped on 3 dollar and the blood stain the size of a dime were not 4 his face before being left in his cell? 4 observed until he had been removed from the cell. So 5 MS. LAPPEN: Objection as to the form and 5 I would say just within the four walls of the report, 6 foundation. 6 nobody saw it until he was taken out of the cell. 7 But go ahead and answer. 7 Therefore, I don't know that they would say that 8 A Yeah. I mean, I don't have an opinion. My 8 was a change in his medical condition. Certainly 9 recollection is that that information was in the 9 dropping him on the floor is not an optimum 10 Internal Affairs report and that it was not related to 10 circumstance, but as I recall now from the other 11 the cause of his death but did occur; that it wasn't 11 report, they continued conversing or talking to him 12 malicious. From time to time people lose control of 12 after that had occurred, so they were observing him at 13 prisoners when they're placing them into a cell, and 13 that time, but I don't know for how long. 14 it had occurred, and it might have caused some injury 14 BY MR. GENDE: 15 that would have resulted in some bleeding. But my 15 Q Do you know if Mr. Perry was responsive to any 16 recollection is not that it was seen as related to his 16 inquiries once he was put in the cell A3 for 17 death. 17 observation? 18 BY MR. GENDE: 18 A I don't know. I wouldn't be surprised if he wasn't Q Let's stay on this page. You also had a police 19 19 because he was sedated. 20 officer, Diaz-Berg, who was responsible for observing 20 Q Are you aware of anything that prevented the officers 21 Mr. Perry while he was in the cell --21 who removed Mr. Perry from the cell from observing the 22 A Yeah. 22 gobs of spit, blood, and fecal matter on the cell 23 O -- state to the detectives -- and I'm higher on the 23 floor where he lay that was ultimately reported by the 24 page, Chief -- that she observed a blood stain on the 24 custodian, Puechner? cell floor of Mr. Perry. 25 MS. LAPPEN: I object as to the form of the

12 (Pages 45 to 48)

				12 (Tages 45 to 40)
	Page 45			Page 47
1	question.	1		fecal matter in the cell?
2	But go ahead and answer.	2		MS. LAPPEN: Objection as to the form.
3	A It would appear from reading of the report that those	3		But go ahead and answer.
4	things weren't visible until he was moved.	4	Α	I have no idea if the gobs of blood he observed are
5	BY MR. GENDE:	5	•	the same two blood stains that she observed. I don't
6	Q In the event that police officers who removed Perry	6		know.
7	from the cell indicated that it was properly lit and	7		BY MR. GENDE:
8	there was nothing that prevented them from observing	8	Q	
9	gobs of blood, spit, and fecal matter where he lay, do	9	~	investigation, what your officers did after Mr. Perry
10	you have any information as we sit here today that	10		was returned to PPS and before he was brought into the
11	would suggest those officers were somehow prevented	11		Criminal Justice Facility to determine whether or not
12	from making this observation?	12		Mr. Perry was suffering from a change in condition.
13	MS. LAPPEN: I'll object as to the form and	13		MS. LAPPEN: Object as to form.
14	misstates prior testimony of other witnesses in	14		Go ahead and answer.
15	this case in the context of depositions.	15	Α	Yeah. I don't know. I know they were trying to
16	But go ahead and answer.	16	2 1,	expedite the paperwork because they had been faced
17	A I really can't say.	17		with a refusal to admit him to a hospital, and they
18	BY MR. GENDE:	18		wanted to get into a facility where there was medical
19	Q Based on all the information available through the	19		personnel. So they spent some period of time keeping
20	Internal Affairs investigation, which you expect to be	20		him under some level of observation while they
21	thorough and complete, is there any other evidence	21		attended to the paperwork to get him ready to go to
22	that you're aware of as we sit here today that the	22		CJF.
23	profuse bleeding documented by the nurse in Exhibit	23		BY MR. GENDE:
24	No. 1, which resulted in Mr. Perry's refusal at the	24	O	You have mentioned earlier in your testimony training
25	CJF, occurred from some incident other than Mr. Perry	25	~	regarding an expected response by Milwaukee police
	Page 46			Page 48
1	being dropped on his face before he was left in cell	1		officers to a medical emergency. Are you aware of any
2	A3 for observation?	2		policy or procedure in how officers are to respond to
3	MS. LAPPEN: Object	3		a medical emergency?
4	MR. JONES: Object	4		Well, we have policies that, you know, consist of
5	MS. LAPPEN: Objection as to form and	5	•	their first aid training, and we have policies that
6	foundation. Calls for speculation.	6		indicate when they should call competent medical
7	MR. JONES: Objection to form.	7		personnel, which in this case is usually the fire
8	A I don't have any information of that sort. I have a	8		department. If the fire department is not available,
9	report filed, apparently two separate reports, one of	9		then Bell Ambulance. So if they think they're facing
10	which identifies a half-dollar-size blood stain and a	10		an emergency, that's what they do, and that obviously
11	dime-size blood stain. I have a report from a nurse	11		is what happened at the CJF.
12	describing profuse bleeding. I have a circumstance of	12	Q	So your understanding of the policy and procedure of
13	the individual is wearing an expectorant shield the	13	-	the Milwaukee Police Department as it relates to your
14	whole time that he was being observed by the police.	14		subordinates is, if they expect or are concerned an
15	So in that context, I have no information that	15		inmate under their custody and control is suffering
16	indicates that anything happened to him that might	16		from a medical emergency, they are either to call for
17	have caused bleeding, besides either some sort of	17		the fire department, an ambulance, take the individual
18	internal issue or being dropped on the floor.	18		to CJF, or take the individual to the emergency room?
19	BY MR. GENDE:	19	A	Well, primarily to get them to an emergency room,
20	Q You mentioned the report from the nurse relative to	20		which I'm hazy now; I think Bell Ambulance transported
21	profuse bleeding when Mr. Perry arrived at CJF and the	21		him to the emergency room, if I'm not mistaken. I
	report from Diaz-Berg about the dollar- and dime-size	22		don't precisely recall. But you know, initially, when
22				
23	blood spots, but do you also consider the report from	23		they first had their concerns, they had him
		23 24 25		they first had their concerns, they had him transported, and that was certainly compliant with

13 (Pages 49 to 52)

### Page 49 Page 51 1 Q Are you aware as to whether or not any of your 1 that. 2 officers on the evening in question on duty at PPS had 2 And in this event, when he did present in what any concern that Mr. Perry was suffering from a 3 3 was undeniably a medical emergency, i.e., having a 4 medical emergency once he was returned from Mount 4 seizure, they complied with policy and got him to the 5 Sinai? 5 hospital. When he came back, the things that were 6 MS. LAPPEN: Object as to the form. 6 presenting to them in their subjective, nonmedical 7 But go ahead and answer, 7 opinion were consistent with what they had been told 8 A Well, as I've indicated numerous times, it appears by 8 by competent medical authority. All right? 9 all observations that they saw him as behaving in a 9 Yes, it was a subjective decision not to seek 10 way consistent with the administering of a powerful 10 another ambulance after having just come back from the sedative. They had been told by the hospital there 11 11 hospital. Clearly, his death from a heart attack at 12 was nothing wrong with him, and a powerful sedative 12 CJF indicates there was something wrong with him. But 13 had been administered, which put him in a condition 13 in their nonmedical, subjective opinion, after just 14 that required his carrying. It was based on that 14 having been at the hospital, they behaved in a way 15 information that they continued to perform their 15 consistent with that awareness and the sense that his 16 duties. They didn't make an independent medical 16 symptoms were not inconsistent with his reaction to diagnosis. They were responding to what they had been 17 17 the sedative. 18 told. 18 Q We established earlier in the deposition that you were 19 BY MR. GENDE: 19 unaware of any evidence as we sit here today that Mr. 20 Q So in answer to my prior question, I need some 20 Perry had either urinated or defecated on himself 21 clarification pursuant to policies and procedures for 21 prior to being released from the emergency room, 22 the Milwaukee Police Department. In the event one of 22 23 your subordinate officers is concerned that an inmate 23 I said I was -- yeah, I was unaware of when that 24 may be suffering from a medical emergency, number one, 24 occurred. That's correct. 25 you would expect that officer to call the fire 25 Well, we know it didn't occur, or at least you have no Page 50 Page 52 department or an ambulance, correct? 1 evidence that it occurred prior to him being 2 A That's correct. 2 discharged from the emergency room, correct? 3 Q Two, to get that individual to an emergency room for 3 A I have no evidence where it occurred period, I think, 4 treatment if there is a concern about a medical but it obviously, you know, occurred. 4 5 emergency, correct? 5 Q Do you have any evidence as we sit here today that the 6 A That's correct. 6 bleeding that we have discussed here at the deposition 7 Q Or three, because there's no medical personnel, 7 from Mr. Perry occurred while he was at the emergency 8 nurses, or doctors on staff at the Milwaukee Police 8 room or at some point after? 9 Department, that individual should be taken to the 9 A I'm getting in the area of recollection now. You Criminal Justice Facility because there's nurses on 10 10 know, my recollection is he had had a seizure and 11 staff there that are better equipped to determine the 11 collapsed. Okay? Certainly there could have been 12 status of an inmate's health. 12 some bleeding from that. My recollection is also that 13 A If you're, you know, if you have -- well, if somebody 13 blood was reported in the jail cell after he was 14is, you know -- Initially, when he was having what 14 dropped subsequent to his being moved out of the jail 15 apparently was a seizure and the first time he fell 15 cell, and I am aware now of the report that I just 16 down, and I believe it was reported that it was 16 looked at that indicated the nurse observed bleeding. 17 believed he hit his head then too, obviously you're 17 So I know those independent facts. 18 not going to try to take him directly to the CJF. 18 When Mr. Perry had to be carried into the PPS after 19 Okay? You want to get him to a hospital. 19 being released from the emergency room, do you have 20 But if he is somebody who has ongoing medical 20 any information that he was bleeding from anywhere on 21 issues that don't elevate to being admitted to the 21 his body? 22 hospital, clearly CJF is a better place for him than 22 A I'm not entirely sure. I think I have a recollection 23 PPS because it does have staff. If I'm not mistaken, 23 that there was a wound sustained during his initial 24 if somebody is there on medication, you know, they're 24 seizure, but I can't say that with certainty. And I'm in a better place to -- position to deal with all of 25 not trying to say that to deny that, you know, he may

14 (Pages 53 to 56)

### Page 53 Page 55 well have suffered bleeding as a result of being 1 1 question and the foundation, and it calls for 2 dropped. I'm just -- It's in there somewhere. 2 speculation. 3 Q I'm going to submit to you, and of course your counsel 3 Go ahead and answer. 4 can object if I'm incorrect, that in all the Internal 4 A Well, first of all, I'm not trying to convey it was 5 Affairs reports that have been produced, there is not 5 just sleeping. He was under the effect of a powerful 6 one single officer that says Mr. Perry was bleeding 6 sedative. Two, I don't know. I'm not the medical when he was brought into PPS. 7 authority here. I just know the sequence of events 8 A Okav. 8 happened directly after having been administered this 9 Q And based on all the testimony that I've taken thus 9 drug. 10 far, there has not been one individual who said Mr. 10 BY MR. GENDE: 11 Perry was bleeding when he was brought into PPS. 11 Q You would agree that humane treatment of inmates under 12 Let's accept that as true for purposes of my 12 your custody and control would include being 13 questioning. Okay? 13 responsive to calls for help, correct? 14 A Okav. 14 A Yes. 15 Q Are you aware that as part of the instruction your 15 Q Do you know if Mr. Perry called for help, after 16 officers received when Mr. Perry was discharged and 16 reviewing the tapes of his experience at PPS? 17 that the strong sedative he received could result in 17 A I don't recall. 18 Mr. Perry urinating and defecating on himself? 18 Q Do you know if Mr. Perry was being combative while he 19 19 MS. LAPPEN: I'll object as to the form of was at PPS after the release from the emergency room? 20 the question, foundation. A Well, I do know that some of his behaviors were 20 21 Go ahead and answer. 21 resistant. All right? Whether or not he was fully A Yeah. I don't know what they were told precisely. 22 22 aware of what he was doing, I don't know, but I do 23 BY MR. GENDE: 23 know that some of his behaviors subsequent to getting 24 Q But you've provided certain opinions regarding --24 the drug were described as combative. 25 Well, I do know that the administration of the 25 Q Did Mr. Perry appear to be asleep as officers were Page 54 Page 56 1 sedative, they were told, was powerful and he was 1 holding him on the floor of the Prisoner Processing 2 going to go to sleep. And I do know, based on 2 Section? 3 everything that everybody reported to me, it was 3 A I would have to review the tape again. I don't 4 almost immediately after being discharged from the 4 recall. 5 hospital, he had been able to walk into the hospital, 5 Q Based on your best recollection as we sit here today, 6 he was legless coming out of the hospital. I have 6 did it appear that Mr. Perry was asleep while your 7 made the logical leap that there was a direct 7 officers surrounded him at PPS before he was put in 8 connection between the sedative and his subsequent 8 cell A3? 9 physical reaction. And if he's going to sleep, then 9 MS. LAPPEN: Objection as to form and 10 in going to sleep with a powerful sedative, it's 10 foundation. 11 certainly not shocking to me that someone would not 11 A Yeah. I mean, I'm going to have to, like, create a 12 have control of their elimination system if they're 12 memory here. I mean, I -- it's been a long time since 13 not capable of, you know, waking or standing or 13 I saw the tape. 1414 BY MR. GENDE: 15 Q Do you know if your officers were advised that one 15 Q Do you recall Mr. Perry calling for help on the tape? 16 side effect of the powerful sedative could result in 16 MS. LAPPEN: Objection. Asked and answered Mr. Perry bleeding from any area of his body? 17 17 But go ahead and answer. 18 A I don't know that. 18 A Yeah. I'd have to review it again. 19 Considering Mr. Perry left the emergency room, based 19 BY MR. GENDE: 20 on all the information we have to date in this case, Q In the event that Mr. Perry was calling out for help, 20 21 not bleeding from any area of his body and not having 21 would you expect your officers to respond to that? 22 urinated and defecated on himself, you would agree 22 A Well, it depends on --23 that Mr. Perry had a change in condition after his 23 MS. LAPPEN: Objection as to form and 24 release from the emergency room, not just sleeping. 24 foundation. 25 MS. LAPPEN: Objection as to the form of the 25 But go ahead and answer.

15 (Pages 57 to 60)

### Page 57 Page 59 A It depends on the circumstances. I mean, if they're 1 the strong sedatives that he received, did you expect in a situation -- I mean, again, I don't want to have 2 2 your officers to make a determination whether or not 3 recovered memory here. If we're in a situation with 3 Mr. Perry suffered from a change in condition? 4 somebody who is acting in a combative manner, whether 4 MS. LAPPEN: Objection as to the form of the 5 it's because they are actually actively being 5 question. 6 combative or because something is going on inside 6 But go ahead and answer. 7 their head that's making them flail about and the 7 A What I expected them to do is respond in a manner 8 officers don't know what it is, and both things can 8 consistent with policy, consistent with their 9 happen, the officers are going to try to control that 9 training, and consistent with what they'd been just 10 individual. Sometimes people in a circumstance of 10 told by competent medical authority. somewhat delirium are calling for help as they're 11 11 BY MR. GENDE: 12 fighting the police. This is not unknown to us. The 12 Q Which is what? 13 challenge for us in those circumstances is to gain 13 A They had just been told by competent medical authority 14 control of the prisoner and create a circumstance in 14 that, A, there was nothing wrong him, and B, he was which they can't injure themselves and they can't 15 15 faking, and C, we've given him a powerful sedative. 16 injure us. 16 Q That was a poor question. What did you expect them to 17 And so it's certainly, you know, not beyond my 17 do consistent with the policy and procedure? 18 experience where somebody who is actively fighting the 18 A I expected them to create a circumstance in which he 19 police is also calling for help, because they don't 19 couldn't harm himself, that he couldn't be a threat 20 exactly know what's going on. But we have to act in 20 for others, and that we get him processed to CJF as sequence. First is calm the threat down. Nobody is 21 21 expeditiously as possible. 22 going to get hurt. Then we deal with whatever the 22 (Exhibit 69 identified) 23 circumstance is of that individual, if they have 23 Q Chief, I'm going to show you what we've marked as medical problems or mental problems. 24 24 Exhibit No. 69. This is a transcript that was 25 BY MR. GENDE: 25 prepared based on an interview with a local media Page 58 Page 60 Q Let's try and focus on Mr. Perry's situation where we 1 outlet, and the transcript was prepared by Magne-2 have a known set of circumstances and we have video of 2 Script Court Reporting. Do you recall providing a 3 it. And I will represent to you that on the video Mr. 3 interview as it relates to Mr. Perry on or about 4 Perry is calling for help as your police officers 4 October 30th, 2012? 5 surround him. Based on what we know to date as it 5 A Yeah. But I don't remember with who. 6 relates to Mr. Perry, his prior emergency room visit, 6 MS. LAPPEN: Just for the record, I'm going 7 his strong sedative that had been given, his inability 7 to object to any questioning relative to this 8 to walk of his own accord, as he calls out for help, 8 transcript. I don't believe we were provided a would you expect your officers to respond to that in 9 copy of it prior to the deposition. 10 any way, shape, or form? 10 MR. GENDE: I don't know that I have to 11 A I would expect for them first to get the situation 11 provide my exhibits prior to deposition. It's a 12 under physical control. 12 document that we got online, publicly 13 Q Did it appear to you in review of the tape that Mr. 13 disseminated. 14 Perry was not under control? 14 MS. LAPPEN: This transcript was publicly 15 A Well, that's, as I said, I have not seen the tape in a 15 disseminated? 16 couple of years, so I don't recall. 16 MR. GENDE: The interview was publicly 17 Q Do you recall hearing Mr. Perry call out that the 17 disseminated. officers were killing him as they surrounded him on 18 18 MS. LAPPEN: Oh. 19 the floor of the Prisoner Processing Section? 19 BY MR. GENDE: 20 A I don't recollect what he said. I do not recollect 20 Why don't you take a moment to read through the 21 seeing a tape that indicated that that was occurring. 21 transcript, and I have some questions that I'm going 22 Q In the event that Mr. Perry was calling out for help 22 to ask you. 23 and calling out that the officers were killing him. 23 MR. GENDE: Let's go off the record at 24 and in consideration of his release from the emergency 24

room, his inability to walk under his own power, and

THE REPORTER: Okay. Off the record.

25

16 (Pages 61 to 64)

### Page 61 Page 63 1 (Off the record 11:12 - 11:19) 1 That's correct. 2 THE REPORTER: We're back on the record. 2 And you agree that supervisors can influence their 3 BY MR. GENDE: 3 subordinates based on how they lead, correct? 4 Q Chief, we've taken an opportunity to have you review 4 A Theoretically, ves. 5 what we've marked as Exhibit No. 69, which appears to 5 Well, theoretically and practically, you expect that 6 be an interview that you gave as it relates to Mr. 6 your supervisors influence their subordinates, true? 7 Perry's in-custody death. Do you deny making any of 7 That's true. And when they do so in a way that's 8 the statements that are contained in this exhibit? 8 unprofessional, they're disciplined, as occurred here. MS. LAPPEN: I'm just going to object 9 9 What information do you have as we sit here today that 10 because this is -- doesn't appear to be a 10 your lieutenant's comment while Mr. Perry was on the 11 complete transcript of interview as the chief 11 floor of the Prisoner Processing Section, surrounded 12 noted in his review. It doesn't reflect the 12 by police officers, and your lieutenant said in front 13 questions that were posed to the chief. 13 of these subordinates that if you're going to act like 14 But subject to those objections, go ahead 14 an animal, we'll treat you like you're in prison, did 15 and answer. 15 not have an effect on these subordinates? 16 A I mean, I have no reason not to believe it. Most of 16 MS. LAPPEN: Objection to the form of the these statements look consistent with representations 17 17 question. It does misstate the statement. 18 I've made today. 18 But go ahead and answer. 19 BY MR. GENDE: A Well, without getting into semantics, if he said, 19 20 Q Okay. Looking at page 3, you state that you made an 20 "We're going to treat you like you're in prison," I 21 assessment of what you've seen on the tapes and the 21 don't precisely know what you mean by that. I mean, 22 reports that you reviewed or that the officers 22 he was treated like he was at the prisoner processing 23 followed departmental policy, correct? 23 facility. He was appropriately restrained, he was 24 That's correct. 24 watched. When he needed medical treatment in 25 So at the time you made that statement, had you 25 everybody's view, he received medical treatment. When Page 62 Page 64 actually reviewed the tapes and the reports at issue? 1 1 that medical treatment evaluated him and sent him back 2 A Well, this is October of 2012, which I guess is about 2 to us, paperwork was expedited to get him to CJF. 3 two and a half years after the incident. I believe by 3 So, you know, I would not expect his statement to 4 that time I had seen the final reports. 4 induce the officers to do something outside of policy, 5 Q Considering Lieutenant Robbins, the supervisor at PPS 5 and we found nothing in our investigation that 6 on the evening Mr. Perry passed away, had stated words 6 indicated that his comments had any impact on their 7 to the effect in front of his subordinates that if Mr. 7 compliance with relevant policies. 8 Perry was going to act like an animal, he'd be treated 8 BY MR. GENDE: 9 like a -- like he was in prison, is it your opinion 9 Q Is it policy and procedure to drop inmates on their 10 that policies and procedures in that regard were 10 face and not report it? 11 followed? 11 It's not policy to accidentally do anything. 12 MS. LAPPEN: Object as to the form of the 12 In the event that an inmate is dropped on his face, 13 question. 13 either accidentally or intentionally, would you expect 14 But go ahead and answer. 14 your officers to report that? 15 A Listen, that's a self-evident answer. I certainly 15 A Well, in the event, as this transpired, obviously this 16 wasn't responding to Lieutenant Robbins's 16 was reported, but clearly it's -- if we do something 17 inappropriate behavior. I was talking of the behavior 17 that causes an injury, we're expected to make a 18 of the officers who had been charged with moving this 18 report. 19 prisoner about and processing him. 19 Q And in the event that your officers failed to report 20 BY MR. GENDE: 20 it, is that within policy and procedures? And when I 21 So when you made this comment about the officers 21 say "it," I'm talking about their conduct that 22 following departmental policy and procedure as it 22 resulted in Mr. Perry being dropped on his face before 23 relates to Mr. Perry, that was not in association with 23 put on the cell floor of A3. 24 the inhumane comment made by your supervisor on the 24 MS. LAPPEN: Objection as to the form of the 25 night in question, correct? 25 question.

17 (Pages 65 to 68)

### Page 65 Page 67 But go ahead --1 1 Q I think you misspoke, and generally I don't attempt to 2 A Yeah. I think context is important here. When we 2 correct misstatements, but you said your officers took 3 have a circumstance, and this had been the only thing 3 him back to the emergency room. 4 that happened -- they dropped him on his face and he 4 A Yeah, that's not what I meant, yeah. 5 needed medical attention, and everything else had been 5 Q Okay. So just to be clear --6 fine and he got admitted to the hospital -- and they 6 They took him back to the jail. 7 would obviously, if they hadn't reported it, would 7 They took him back to the jail. 8 have been in jeopardy of discipline. 8 A Mm-hmm. 9 It's hard for me looking back now in the context 9 Q Despite the fact that they were concerned, your 10 of what ultimately happened, which is a death in 10 officers were concerned that he didn't appear right 11 custody and a complete investigation of everything 11 and appeared to be suffering from a medical condition 12 that occurred, I don't know that anybody was thinking 12 that required more care. 13 of filing a separate report about this incident 13 A They'd just been overruled by the doctors. 14 because everything that occurred to him was part of 14 Fair enough. They're overruled by the doctors, and 15 the investigation in chief. So I really can't 15 according to your statement, medical personnel said, 16 disaggregate that right now. 16 "He's faking it," right? 17 BY MR. GENDE: 17 A Right. 18 Q Starting at line 20 of page 3, you made a comment, 18 Q My question is, based on your officers' concern, based 19 "The officers at the hospital said they thought 19 on the input they got from the medical staff that 20 something more was wrong with him, and after continued 20 allegedly the medical staff said, "He's faking it," 21 conference, the medical personnel themselves said to 21 can you describe for me at that point forward and 22 the officers, their words, not ours, 'We think he's 22 prior to Mr. Perry's death what any officer under your 23 faking it." 23 command and control did to distinguish whether Mr. 24 Mm-hmm. Α 24 Perry was faking his symptoms or was suffering from a Or "We think he's faking." Is that an accurate 25 25 change in condition that constituted a medical Page 66 Page 68 reflection of the statements you made on the date in 1 1 emergency? 2 question? 2 MS. LAPPEN: Objection as to form and 3 A It's an accurate reflection of my understanding at 3 foundation. that time, yes. 4 4 But go ahead and answer. 5 Q Okay. Has your understanding changed? 5 A I think we're in a situation in which officers are 6 A Not significantly, no. 6 forced to confront with just the simple reality that's 7 Q In what manner has it changed? 7 in front of them. Again, this is all contextual, and 8 A I, you know, I'm just -- You asked me a question. 8 given their attempts to get him admitted, given the 9 This is what I was thinking at the time. 9 fact that the hospital, in fact, said there was 10 What, if anything, did your officers do after Mr. 10 nothing wrong with him, they were then presented with 11 Perry was released, and based on their concern that he 11 somebody who was behaving in a certain way. 12 was still having problems, to distinguish whether or 12 How much of that was the direct result of his 13 not he continued to suffer from a medical condition or 13 sedative? I'm sure a lot of it was. What percentage 14 he was faking his symptoms? 14 of it theoretically might be related to somebody 15 A What they did was convey an increasingly incoherent 15 "faking," who didn't want to be in jail and would 16 subject back to the hospital as he reacted to the 16 prefer to be in a hospital, we don't know. They 17 medication that the hospital had given him. So when 17 simply had this circumstance they had to deal with 18 he was unable to walk, they carried him. When he was 18 that the hospital wanted nothing to do with, and we 19 unable to get himself to his cell, they ended up, you 19 would subsequently find out the jail wanted nothing to 20 know, conveying him to the cell in handcuffs and leg 20 do with. 21 cuffs. When he expectorated, they put an expectorant 21 So it appears that the entire world of people 22 shield on him. They simply responded to the 22 with medical training wanted to dump this in the lap 23 appearances of someone who had -- was under the effect of the police department. All right? We're between a 23 24 of a sedative and just been released from medical 24 rock and a hard place here. The cops knew they had a

custody.

prisoner who was evincing some level of combative

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18 (Pages 69 to 72)

### Page 69 Page 71 behavior for reasons unknown entirely to them, that man to the hospital. We all know what didn't happen 1 2 had been rejected by the hospital, for whom they were 2 at the hospital. When he came back, now, based on 3 responsible to get to CJF, and that was basically the 3 their first experience with his condition and the 4 four walls of their concern between the time the 4 medical opinions, yes, they made observations. 5 hospital refused to admit him and their getting the 5 Challenges to their observations confound what they've 6 paperwork completed to get him to the CJF. 6 been told by the doctors, and I don't think it arose 7 BY MR. GENDE: 7 in their opinion to a level where they got to go back 8 That's a fairly involved answer that I believe is 8 to the hospital now with the same individual who had 9 nonresponsive to the question. I know you've 9 just been rejected. 10 expressed opinions that the police department did 10 Q Here's the problem with the position that I've heard 11 everything they could do under the circumstances, and 11 thus far. First, you're telling me that your officers 12 you've just told me they were placed in a -- between a 12 are acting in accord with information they received 13 rock and a hard place. 13 from the emergency room personnel that Mr. Perry is 14 But I'd like you to tell me as distinctly as 14 faking it. 15 possible what you understand your officers did, what 15 A Mm-hmm. 16 actions they took after Mr. Perry was released from 16 0 Correct? 17 the emergency room and before he passed away at the 17 A And the administration of a strong drug. 18 Criminal Justice Facility, to distinguish between 18 Q Secondly, you have testified here today that Mr. Perry 19 their concerns that he continued to suffer from a 19 was given a strong sedative, and therefore all of the 20 medical emergency, or that he was faking it, as 20 conduct or actions he exhibited were expected by your 21 allegedly said by hospital personnel. 21 personnel, right? 22 MS. LAPPEN: Objection to the form. I think 22 A I don't believe I said "expected." I think I said 23 the question was asked and answered. 23 consistent with their understanding of what might 24 But go ahead and answer it. 24 happen with this drug. 25 A Well, I just -- It's difficult to be responsive to 25 So tell me how your officers reconciled what they, Page 70 Page 72 1 that question because I don't expect officers to 1 according to your testimony, believe was consistent 2 conduct a controlled medical experiment on a prisoner 2 with a strong sedative of a change in condition as 3 in their custody. What do they do to distinguish if 3 opposed to what may be occurring with Mr. Perry as it 4 he's faking or has a medical condition? I don't know 4 relates to a medical emergency. 5 that anybody has the answer for that question. 5 MS. LAPPEN: Objection as to form. It does 6 BY MR. GENDE: 6 call for speculation. 7 Q Let me --7 Go ahead and answer. 8 A They had -- They've been told something by medical 8 MR. GENDE: But he's the chief. 9 personnel. Okay? They're acting on the belief of 9 So, and you reviewed everything. 10 what they have been told. They may have their 10 Yeah. I'm the chief. I'm not the director of 11 concerns, but they just lost that argument. They're 11 internal medicine of the Milwaukee Police Department. 12 not the doctors. 12 All right? They were operating under observation and 13 Q So your officers have concerns. Are your officers 13 belief. They had just tried to get him medical 14 able to observe and make decisions based on 14 attention for what they thought was something wrong 15 observations? 15 with him. 16 A Again, are the observations consistent with somebody 16 The people that made the informed judgment, who 17 under a strong sedative who may or may not be faking, 17 apparently aren't accountable for their judgment, 18 or not? I can't say. I wasn't in their shoes. They 18 turned him back over to the police department with the 19 were making a subjective judgment based on what they 19 administration of a drug and with an observation. The 20 had been told. 20 observation of our officers now is somebody who is not 21 Q My question, Chief, is whether or not you expect your 21 necessarily having a seizure or a stroke or a heart 22 officers to be able to observe and make decisions 22 attack. He is having a number of responses that 23 based on their observations? 23 reasonable people without medical training but first 24 A I think they did that twice. First time they did it, 24 aid training might not see as inconsistent with what they did it with a medical seizure and they took the they had just been told.

19 (Pages 73 to 76)

### Page 73 Page 75 1 That was the circumstance in which they were 1 they received these instructions when Mr. Perry was 2 placed. And in that circumstance, their goal was to 2 discharged. So --3 keep him from harming himself, keep him from harming 3 A Again, my numbers don't comport with yours. My number 4 anybody else, and get him to CJF. Now, the benefit of 4 25 says, "We thank you for allowing us to assist you hindsight, we all wish better outcomes had occurred, 5 with your health care needs." Is that where you are? 6 but in their four walls of what they knew when, they 6 Q Let me try and find it for you in the exhibit. Yep. 7 7 were the ones who had been given somebody by medical That's exactly where I'm at, Chief. 8 authorities who had cleared him. 8 A That's where you're at? Okay. 9 Q Had cleared him with discharge instructions, correct? 9 Q That's where I'm at. It says "Patient Education" Well, they had cleared him and administered him a 10 10 towards the top, and it says "Aurora Health Care." It 11 sedative. I don't recall what the instructions were. 11 identifies Mr. Perry and the visit date. Do you see 12 Q You understand that when a inmate who is a patient at 12 that? 13 an emergency room is released, discharge instructions 13 A Yes. 14 are provided for that inmate, correct? You understand 14 Q If we move on to page 27, it says, "Mr. Perry has been 15 that, sir? 15 given a list of follow-up instructions, medication 16 A Well, my understanding is, you know, it depends on the 16 information, and patient education materials." Do you 17 patient and on the diagnosis. 17 see where I read that? 18 Q Would you ever expect that a individual that your 18 A Mm-hmm. Yep. 19 officers take to the emergency room for treatment and 19 Q Now, we know Mr. Perry didn't receive it because he 20 care would be discharged without some instructions? 20 wasn't capable of taking care of his own medical care. 21 21 That information would have been provided to your 22 Q I'm going to show you what we've marked as Exhibit No. 22 police officers, true? 23 28, which are certified medical records from Mount 23 A True. 24 Sinai as it relates to Mr. Perry. 24 Q And you would expect that once your police officers 25 MS. LAPPEN: Are you done with the 25 received that information, they would provide it to Page 74 Page 76 1 transcript? 1 your supervisor at PPS so he would know how Mr. Perry 2 2 MR. GENDE: No. You can leave that open. should be handled in accord with his discharge 3 Q You understand that Mr. Perry was unable to address 3 instructions, true? 4 his own medical concerns on the evening in question 4 A That's correct. 5 because he was in the custody of the Milwaukee Police 5 Q Would there be some other individual other than the 6 Department, true? 6 supervisor, Lieutenant Robbins, that should receive 7 MS. LAPPEN: Objection as to the form of the 7 these discharge instructions from the emergency room 8 question, and foundation. 8 as it relates to Mr. Perry? 9 A I don't really know what -- what do you mean? 9 MS. LAPPEN: Objection as to form. 10 BY MR. GENDE: 10 But go ahead and answer. 11 Q Well, Mr. Perry wasn't free to leave and seek out his 11 A Yeah. I don't think so. 12 own medical assistance, was he? 12 BY MR. GENDE: 13 A No, that's true. 13 Q On page 29 of this exhibit --14 Q Mr. Perry did not have an option as to which emergency 14 A Mm-hmm. 15 room he would be taken to, correct? 15 Q - it talks about home care for Mr. Perry as it 16 16 A That's correct. relates to potential subsequent seizure activity. We 17 Q He did not have any input on what doctors or nurses 17 know that Mr. Perry wasn't released to his home, would treat him, true? 18 18 correct? 19 A True. 19 A That's correct. 20 Those decisions were made by Milwaukee Police 20 Q All right. Do you know if any of your officers 21 Department on the evening in question, right? 21 advised themselves of the discharge instructions as it 22 A That's correct. 22 relates to potential additional seizure activity for 23 Q At Bates 00025 of this exhibit are patient education 23 Mr. Perry? 24 instructions for Mr. Perry, and I will represent to 24 MS. LAPPEN: Objection as to form. you that your transporting officers testified that 25 A I have no reason not to.

20 (Pages 77 to 80)

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		Page 77			Page 79
1		BY MR. GENDE:	1		injury during a seizure; fever over 100 degrees
2		Let's move on to page 31. "Get prompt medical	2		Fahrenheit." Well, we didn't take his temperature.
3		attention." Do you see where that is at the top of	3		"Unusual irritability, drowsiness, or confusion," but
4		the page? Under "Patient Education"? It's in capital	4		again, the drowsiness or confusion, he'd just been
5		letters in bold?	5		given a sedative. So everything here seems to refer
6	Α	Yeah. Okay.	6		to them observing seizures.
7	C		7	O	Chief, I don't want to keep you longer than necessary,
8		officers who received these discharge instructions	8	×	but I'm asking specific questions.
9		would be advised of the information contained therein,	9	Α	<del>-</del> - •
10		but the supervisor would further advise himself, true?	10	O	
11	Α	I would suspect so.	11	V	believe it is specific.
12	Ç		12	Α	
13	A		13	Q	•
14	Ç		14	_	2.5 Frompo invariant association
15	~	Lieutenant Robbins advised themselves of these	15	A	Ş
16		specific instructions related to Mr. Perry, that he	16	Q	F THE STATE OF THE
17		should get prompt medical attention in the event these	17		contacted only in the event that there's a subsequent
18		conditions occur?	18		seizure?
19		MS. LAPPEN: Objection as to the form of the	1	A	Well, I just read the list. I mean, it doesn't say
20		question, and foundation.	19		"only." It simply refers to seizures in almost every
21		But go ahead and answer.	20	_	entry.
22		BY MR. GENDE;	21 22	Q	go mandellons, in the event
23	Q		23		that Mr. Perry remained confused for more than 30
24	•	don't.	24		minutes after a seizure, he was to receive prompt
25	Α		25		medical attention, correct?
			25	A	That's correct.
		Page 78		A	Page 80
1	Q	Page 78  In the event that Mr. Perry remained confused for more	1	Q	Page 80  Now, I'm asking you as we sit here today and if you
2	Q	Page 78  In the event that Mr. Perry remained confused for more than 30 minutes after a seizure, it was recommended	1 2		Page 80  Now, I'm asking you as we sit here today and if you don't know, you can tell me you don't know was Mr.
2	Q	Page 78  In the event that Mr. Perry remained confused for more than 30 minutes after a seizure, it was recommended per discharge instructions that he get prompt medical	1	Q	Page 80  Now, I'm asking you as we sit here today and if you don't know, you can tell me you don't know was Mr.  Perry coherent when he was brought back into PPS?
2 3 4		Page 78  In the event that Mr. Perry remained confused for more than 30 minutes after a seizure, it was recommended per discharge instructions that he get prompt medical attention, right?	1 2 3 4	Q	Page 80  Now, I'm asking you as we sit here today and if you don't know, you can tell me you don't know was Mr.  Perry coherent when he was brought back into PPS?  Implicitly that's a two-pronged question. All right?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Q A Q A Q A	Page 78  In the event that Mr. Perry remained confused for more than 30 minutes after a seizure, it was recommended per discharge instructions that he get prompt medical attention, right?  That's correct.  Do you know if Mr. Perry was coherent when he was brought into PPS?  I don't know that we can disaggregate the impact of the sedative on him from what's being asserted here.  And how would your officers do that?  Well, I mean  In the event that he were  they'd just been told he had been given a sedative that was going to put him to sleep. He was losing control of his arms and legs in their custody. He was not, from my understanding, exhibiting the seizure behavior they had seen initially, which prompted them to take him to the emergency room in the first place.  Does this discharge instruction say, "Only get prompt medical attention in the event another seizure occurs"?  "If any of the following occurs: seizures occurring	1 1 2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q A Q A Q A Q	Page 80  Now, I'm asking you as we sit here today and if you don't know, you can tell me you don't know was Mr. Perry coherent when he was brought back into PPS? Implicitly that's a two-pronged question. All right? No, he was not coherent, but there's no testimony or evidence that I am aware of that anybody saw him have a seizure then. He had been administered a drug. That's what we knew.  You understood that Mr. Perry was exhibiting signs of being resistant, correct? That is true. That could also be considered unusual irritability, right? That could be. Mr. Perry was exhibiting signs of drowsiness and confusion as well, true? True. And pursuant to these instructions when Mr. Perry should get prompt medical attention, in the event that he exhibited unusual irritability, drowsiness, or confusion, he should get prompt medical attention, right?

21 (Pages 81 to 84)

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1		or confused after having gotten a sedative is not	1		his arrival at the Prisoner Processing Section?
2		something that automatically would have leapt out as a	2		MS. LAPPEN: Objection to the form of the
3		serious medical condition. And certainly in the	3		question and foundation.
4		context of being in a prisoner processing facility,	4	Α	Yes, they did not get him any new medical attention.
5		somebody being irritable is not something unknown to	5		BY MR. GENDE:
6		officers in that context.	6	Q	
7	O	I'd like to show you what we've marked as Exhibit No.	1	*	distinguish whether he was faking what we've
8	`	53 previously, provided by the Milwaukee Police	8		previously discussed or that he needed prompt medical
9		Department in response to discovery requests. It's a	9		attention because he exhibited unusual irritability,
10		paradigm shift. Are you familiar with this document?	10		drowsiness, or confusion. What did they do to
11	Α	I'm aware of it; I'm not familiar with it.	11		distinguish those?
12		Do you know when this paradigm shift was created as	12		MS. LAPPEN: Objection as to the form and
13	~	part of Milwaukee Police Department training?	13		foundation.
14	Λ	No.	14		
15			i .		Go ahead and answer.
16	Q	2 1, 9	15	_	BY MR. GENDE:
17		Would that suggest to you that the paradigm shift occurred in 2005?	16		If anything, Chief.
			17	Α	,,,
18	A	I'm not trying to be argumentative. That's when it	18	_	things.
19		was copyrighted. I don't know when the shift in	19	Q	Do you think that your officers lacked the information
20	_	training occurred.	20		and training on the date in question to follow
21	Q		21		emergency room discharge instructions?
22		"Struggling and resistance can indicate an immediate	22		No, I do not.
23		medical emergency and not a criminal act." Do you see	23	Q	Do you think your officers lacked training to
24		where I read that? It's right at the top of the page,	24		understand the paradigm shift that struggling and
25		Chief.	25		resistance can indicate an immediate medical emergency
		Page 82			Page 84
1		Yes.	1		Page 84
2		-	1 2	A	
		Yes.			Page 84 and not a criminal act on the date Mr. Perry died?
2	Q	Yes.  Do you disagree with that training for the Milwaukee Police Department?  No.	2	Q	Page 84 and not a criminal act on the date Mr. Perry died? I don't think they were unaware of that possibility.
2 3	Q	Yes.  Do you disagree with that training for the Milwaukee Police Department?  No.	2 3	Q	Page 84 and not a criminal act on the date Mr. Perry died? I don't think they were unaware of that possibility. Do or don't? I'm sorry.
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2 3 4 5	Q A Q	Yes. Do you disagree with that training for the Milwaukee Police Department? No. Do you have any information that this paradigm shift	2 3 4 5	Q A	Page 84  and not a criminal act on the date Mr. Perry died?  I don't think they were unaware of that possibility.  Do or don't? I'm sorry.  I said I don't think they were unaware of that possibility.  So the opposite of that is you believe they were aware
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22 (Pages 85 to 88)

### Page 85 Page 87 1 Q You also understand that Mr. Perry was complaining of Q Did you know whether or not Mr. Perry's death was of 2 a difficulty breathing to the officers in his 2 natural consequences or some police misconduct prior 3 presence, correct? 3 to the coroner's report coming out in November of 4 MS. LAPPEN: Same objections. 4 2010? 5 Go ahead and answer. 5 MS. LAPPEN: Objection as to the form of the 6 A Yeah. I don't recall. 6 question. 7 BY MR. GENDE: 7 Go ahead and answer. 8 Q Was there a unwritten policy or training in the police A I -- We had no indications that there were any police 8 9 department that an inmate who is complaining of 9 officer conducts that directly caused his death. I 10 difficulty breathing is okay if he can talk? 10 don't recall the sequence of findings. 11 MS. LAPPEN: Objection as to the form. 11 BY MR. GENDE: 12 Foundation. 12 Q I'd like to look at the second page of your "Shepherd 13 A Yeah. There was -- the training is not that anymore. 13 Express" interview. You were asked a question about 14 But for many years, particularly in the training of watching Derek Williams' videos, you provide an 14 15 things like the Heimlich maneuver, it was generally 15 answer, and I'm going to focus on a part of it, and 16 asserted to officers that if they were responding to 16 you can include whatever additional part you feel is 17 somebody in medical distress, the hierarchy of 17 necessary. You state, "And in circumstance where the 18 concerns always was start the breathing, stop the 18 cause of death was considered natural causes, there is 19 bleeding, treat for shock. 19 no reason to look at the tape for me." Was that a 20 So the first question was whether or not the true statement when you made it? 20 21 person was breathing. If they were breathing, that 21 A At the time when I made it, yeah. 22 would usually indicate if they could talk; treat for 22 And this was as of October 24th, 2012, if you look at 23 shock and stop the bleeding first because obviously 23 the front page of the exhibit? 24 they could breathe. Also, in the Heimlich maneuver, 24 A Okay. 25 the concern was that if you intervene too assertively, 25 Was there any reason for you to look at the tapes of Page 86 Page 88 you might dislodge whatever it was and block off their 1 1 Mr. Perry while he was at PPS, considering he had died airway. So if they were able to communicate, that 2 2 later on in the evening? 3 usually indicated they weren't in the distress that 3 MS. LAPPEN: Objection as to the form of the 4 would keep them from, you know, keep them alive. 4 question. 5 Over the years, that training has evolved. It's 5 A As I say, I don't recollect the sequence of events. I 6 not the new instruction, but it's obviously in the 6 simply recollect having seen the tape. I don't 7 minds of a lot of officers given earlier training over 7 remember if I saw the tape as part of the CIRB or as 8 many years. I mean, that was the training when I was 8 part of the Internal Affairs investigation briefing. 9 an officer. It was the training 10 or 20 years later. 9 I don't recall. 10 I don't know -- changed in the last few years, but 10 BY MR. GENDE: 11 that was not an uncommon thought that the sequence of 11 Q You as chief are concerned about people that are made 12 treatments were dependent upon whether or not the 12 prisoners under your custody and control, correct? 13 subject had the capability of breathing. 13 Citizens that become prisoners become the Milwaukee (Exhibit 71 identified) 14 14 Police Department chief's concern, true? 15 BY MR. GENDE: 15 A True. Q Chief, I'm going to show you what we've marked as 16 16 And your concern is for the health, safety, and 17 Exhibit No. 71. These were some interviews conducted 17 welfare of any individual who is taken into custody 18 regarding in-custody deaths. One.... 18 and no longer has the freedom to move about of their MS. LAPPEN: Are you done with Exhibit 28? 19 19 own accord, correct? 20 MR. GENDE: No. You can leave those 20 Α That's correct. 21 exhibits in front of the chief. We'll get back 21 And part of your duty and responsibility as the police 22 to them. Thank you. 22 chief is to make sure that your officers, your 23 Q Do you recall providing interviews to the "Shepherd 23 subordinates, express that concern for the individual 24 Express" about Derek Williams' in-custody death? 24 prisoner or inmate's health, safety, and welfare while 25 under custody and control, yes?

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23 (Pages 89 to 92)

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		Page 89			Page 91
1		MS. LAPPEN: Object as to the form.	1		suspect. If there is no indication of that, I don't
2		Go ahead and answer.	2		need to see for myself that the police didn't do
3	A	Yes.	3		anything to the person.
4		BY MR. GENDE:	4	Ω	Are you concerned about inhumane treatment of an
5	O		5	V	
6	V	you want to know why that happened, right?	6		individual who subsequently dies in custody?
7	Δ	I'd want a thorough investigation.	7	А	Well, of course I am, and when that is brought to our
8	O.		8	$\sim$	attention, we take appropriate action.
9	Q	the results reported to you, correct?	l .	Q	,,,,,,,,,,,,,,
10	Α		9		last? Are they more than five minutes, less than five
11			10		minutes?
12	Q	And a thorough investigation means considering all	11	A	I don't know. There was a lot of different tapes
		sources of information that are available through the	12	_	there, so
13		course of the investigation, correct?	13	Q	,
14		I expect the investigators to do that, yes.	14		from the emergency room and before he was transported
15	Q	All right. You've told me earlier that there's been	15		to the Criminal Justice Facility?
16		less than ten in-custody deaths since you've been	16	Α	I don't recall.
17		chief. Does that sound right?	17	Q	If you would have reviewed the tapes of Mr. Perry at
18		Yep.	18		PPS after his death and before you knew that the
19	Q	All right. It doesn't sound like a lot to me. Does	19		coroner or the medical examiner had opined it was from
20		it sound like a lot to you, less than ten?	20		natural causes, and you heard your lieutenant say on
21	Α	Well, if you're basing it on over a quarter million of	21		the tape words to the effect that "If you are going to
22		arrests, it's not a very high number, no.	22		act like an animal, we'll treat you like you're in
23	Q	And that was the impression I got from you, is you did	23		prison," would you have taken action?
24		not believe less than ten in-custody deaths was a	24	Α	Well, we did.
25		significant number since you've been police chief. Is	25	Q	But I'm asking you personally, if you had looked at
20		significant manifest since you've been ponce cines. Is	۷	V	but in asking you personally, it you had looked at
		Page 90	2.0	Q	
		Page 90		V	Page 92
1		Page 90 that fair?	1	<u> </u>	Page 92 these tapes shortly after the occurrence and heard
1 2	A	Page 90 that fair? That's correct.	1 2	Q	Page 92 these tapes shortly after the occurrence and heard that comment, would you have taken action?
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24 (Pages 93 to 96)

	Page 93		Page 95
1	event. That's not the same as willful misconduct.	1	-
2	BY MR. GENDE:	2	because you're communicating with me, calm down," isn't correct, but it's a not uncommon thought.
	Q Was it hours later? Do you know that?	3	Q And that was the training in effect on the day Mr.
	A Well, I know it was sometime later. I don't remember	4	Perry died, correct?
5	how much longer.	5	A I don't know that it was the training in effect then,
6	Q Could it have been within the hour?	6	but it had been the training years ago. When we
	A I don't remember exactly the timelines.	7	evolved, I don't recall exactly, but it I'm just
	Q Could it have been within 30 minutes? I'm asking if	8	saying that it's notwithstanding that fact, it's a
9	you know, and you can tell me you don't know.	9	common impression.
10	A Yeah, I'm telling you I don't know. It's, you	10	Q And in the event that the tapes reveal one of your
11	know	11	officers told Mr. Perry words to the effect, when Mr.
12	Q Let's move on to the next page of your interview. And		Perry complained "I can't breathe" or "I'm having
13	again, we are looking at the interview with "Shepherd	13	trouble breathing," and the officer said, "If you can
14	Express." The last comment you make	14	talk, you can breathe," in your opinion is that a
	A Mm-hmm.	15	proper or an improper response of your officer as it
ı	Q "It's clear to me watching that tape," and you're	16	relates to a potential crisis?
17	referring to the Derek Williams tape, "that they	17	A It's more a question is it a correct or an incorrect
18	simply don't believe him. If you can talk, you can	18	response. I mean, it is very common for officers to
19	breathe. That's a common understanding of all the	19	deal with people in crisis who are hyperventilating.
20	officers dealing with a crisis." Do you recall making	20	It happens all the time. They're hyperventilating
21	that statement?	21	because they just ran from the police. They're
22	A Where are we, on the last event?	22	hyperventilating because they're in a crisis and
23 (	A talan a	23	concerned and grieving. They're hyperventilating
24	1 01 77 1	24	because they're excited. It's not uncommon for us to
25	0 711	25	be faced with people who are not in a medical crisis
	Page 94		. Page 96
1 1	A Yes.	1	- I
	Q And you made that statement in October of 2012,	1 2	who are complaining of shortness of breath or
3	correct?	3	inability to breathe. Overwhelmingly, once they
	A Yes, I did.	4	settle down, they're fine.
	Q I'm sorry? Okay.	5	There are circumstances, however, in which
	A Yep.	6	somebody is giving evidence of having a more
_	Q And when you say, "If you can talk, you can breathe;	7	significant crisis. I expect us to be able to adjust more quickly to that reality. Sometimes they're going
8	that's a common understanding of all officers dealing	8	to be wrong. The vast majority of the time, they are
9	with a crisis," what did you mean by that?	9	right.
10	· · · · · · · · · · · · · · · · · · ·	10	In this case, in the Perry case, as I say, I
11		11	don't know what they would have said if he had said
12		12	that absent having just been charged discharged
13	1	13	from the hospital. They might have treated it
14		14	differently. I don't know. What I do know is they
15		15	weren't trying to be inhumane to him. It sounds to me
16	- · · · · · · · · · · · · · · · · · · ·	16	like they were trying to calm him down.
17		17	Q Tell me, as the chief, what prevented, if you know,
18		18	any of your officers or your supervisor on the evening
		19	in question when Mr. Perry was returned from the
19			
20	Now, that is kind of a take-off on a different kind of training. People with heart attacks are	20	emergency room to the PPS, what prevented any
20 21	Now, that is kind of a take-off on a different kind of training. People with heart attacks are having difficulty breathing, but they can talk.		emergency room to the PPS, what prevented any
20 21 22	Now, that is kind of a take-off on a different kind of training. People with heart attacks are having difficulty breathing, but they can talk.  Obviously it doesn't apply to that. What I'm trying	20	emergency room to the PPS, what prevented any Milwaukee Police Department employee from requesting
20 21 22 23	Now, that is kind of a take-off on a different kind of training. People with heart attacks are having difficulty breathing, but they can talk.  Obviously it doesn't apply to that. What I'm trying to communicate is that it's in an officer's mind	20 21	emergency room to the PPS, what prevented any
20 21 22	Now, that is kind of a take-off on a different kind of training. People with heart attacks are having difficulty breathing, but they can talk.  Obviously it doesn't apply to that. What I'm trying to communicate is that it's in an officer's mind	20 21 22	emergency room to the PPS, what prevented any Milwaukee Police Department employee from requesting additional medical attention for Mr. Perry?

25 (Pages 97 to 100)

			1		
		Page 97			Page 99
1		followed our procedures and protocols."	1		been incorrect, but I wouldn't necessarily say they
2		MS. LAPPEN: Just wait until the chief	2		were ignoring what the discharge papers said, because
3		catches up with you.	3		he did not present another seizure to them while he
4		MR. GENDE: Sure.	4		was back in our custody.
5	A		5	0	
6	Q		6	Q	· F · · · · · · · · · · · · · · · · · ·
7	V	We previously read into the record that "The officers			don't assert that Mr. Perry was able to advocate for
8			7		himself as it relates to the first part of the
1		at the hospital said they thought something more was	8		emergency room instructions.
9 10		wrong with him, and after continued conference, the	9		No, no, no. No, I'm not trying to say that.
		medical personnel themselves said to the officers,	10	Q	And secondly, my inquiry is not asking you to admit
11		their words, not ours, 'We think he's faking.' Based	11		that your officers ignored discharge instructions. My
12		on that, the officers took him back to the prison	12		question to you is whether or not it is policy and
13		facility." Is that a accurate statement thus far	13		procedure for officers transporting Mr. Perry to
14		Yep.	14		ignore discharge instructions from emergency room
15	Q		15		personnel?
16	A	1	16	Α	No.
17	Q	*	17	Q	So when you say as part of your statement to the
18		protocols." What procedures and protocols did they	18		press, reflected in Exhibit No. 69, that your officers
19		follow in bringing Mr. Perry back to the facility	19		followed all their policies and procedures, that would
20		after they remained concerned that he was having a	20		not include ignoring discharge instructions, correct?
21		medical condition and after they were informed by	21	Α	That's correct. That would not include willfully
22		Mount Sinai that allegedly he was faking?	22		ignoring discharge instructions.
23	Α	As I indicated at the very beginning of this	23	Q	<del>-</del>
24		deposition, our evaluation of this circumstance	24		instructions?
25		uncovered an issue not anticipated in our procedures,	25	Α	They're just not trained to ignore them.
				~ -	
		Page 98			
1		_	1		Page 100
		which was what happens when, against the wishes or	1 2	Q	Page 100  That's not the policy and procedure, whether it's
2		which was what happens when, against the wishes or concerns of officers, the emergency room refuses to	2	Q	Page 100  That's not the policy and procedure, whether it's willful or negligent, true?
2		which was what happens when, against the wishes or concerns of officers, the emergency room refuses to admit a prisoner. So we did not have a policy or a	2 3	Q A	Page 100  That's not the policy and procedure, whether it's willful or negligent, true?  That's correct.
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26 (Pages 101 to 104)

				20 (rages 101 to 104)
	Page 101			Page 103
1	properly sought medical attention for him, properly	1		fecal matter on the floor as documented by your
2	advocated for him, and when they were rejected,	2		custodial staff, is there a reason why that
3	returned him to the prison jail environment to be	3		information would not have been forwarded to the
4	processed that way. That was irrelevant to the	4		Criminal Justice Facility where Mr. Perry was taken?
5	inappropriate comment of the lieutenant, who	5		MS. LAPPEN: Objection to the form. It
6	subsequently retired under the threat of or, while	6		calls for speculation.
7	under investigation.	7		Go ahead and answer.
8	BY MR. GENDE:	8	Α	I don't know.
9	Q Was it so clear to you that your officers followed	9		BY MR. GENDE:
10	policies and procedures as it relates to ignoring Mr.	10	Q	Is it policy and procedure not to report that an
11	Perry's complaints that he was having difficulty	11	-	inmate had been laying in his own blood, spit, and
12	breathing?	1.2		fecal matter when he's transported over to CJF?
13	MS. LAPPEN: Objection. Form and	13	Α	No, it's not.
14	foundation. Asked and answered.	14		Was it so clear to you, pursuant to policies and
15	Go ahead and answer.	15		procedures being followed, that when Mr. Perry was
16	A I think it's clear they did not ignore it. They	16		dropped on his head, that was an expectation of how to
17	thought they sought to calm him. They clearly did	17		transport individuals under your custody and control?
18	not recognize that there was medical distress.	18	Α	No.
19	BY MR. GENDE:	19		You go on to state as part of this interview, quote
20	Q Were they was it so clear to you when you made this		•	and now I'm at the third full paragraph, page 3, "We
21	statement that your officers were following policies	21		are the ones that are willing to talk about it,
22	and procedures when they ignored Mr. Perry's calls for	22		because our piece of it indicates to us that our
23	help as they surrounded him on the floor of the	23		officers tried to get this man appropriate treatment."
24	Prisoner Processing Section?	24		Was that a true statement when you made it?
25	A Well, they	25	Α	· · · · · · · · · · · · · · · · · · ·
	Page 102			Page 104
1	MS. LAPPEN: Same objections.	1	Q	What appropriate treatment did your officers attempt
2	The Elizabeth Saint Cojections.			what appropriate iteathers the your officers attempt
	THE WITNESS: Yeah.		~	
3	THE WITNESS: Yeah. MS. LAPPEN: Go ahead and answer.	2	~	to get for Mr. Perry after he returned to PPS and
3 4	MS. LAPPEN: Go ahead and answer.	2 3		to get for Mr. Perry after he returned to PPS and prior to his death at the Criminal Justice Facility?
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4	MS. LAPPEN: Go ahead and answer.  A They had sought help for him in the past. At this point in time, their concern was that he not injure	2 3 4 5		to get for Mr. Perry after he returned to PPS and prior to his death at the Criminal Justice Facility?  They had already gotten him appropriate medical treatment where they were told there was nothing wrong
4 5	MS. LAPPEN: Go ahead and answer.  A They had sought help for him in the past. At this point in time, their concern was that he not injure himself or anybody else.	2 3 4		to get for Mr. Perry after he returned to PPS and prior to his death at the Criminal Justice Facility?  They had already gotten him appropriate medical treatment where they were told there was nothing wrong with him. So subsequently, no, they did not get him
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27 (Pages 105 to 108)

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		Page 105			Page 107
1		ability to walk, would grow less coherent, and make	1		medical attention?
2		less sense, being consistent with his medications,	2		MS. LAPPEN: Objection. The question has
3		tell me how that's consistent with him faking his	3		been asked and answered. Foundation.
4		medical condition.	4		But go ahead and answer.
5	A	You'd have to ask the people that made those	5	Α	He had just been evaluated medically. No additional
6		representations.	6		effort was made to get him additional medical
7	Q	Where do you state, in this sentence that I've just	7		attention.
8		read into the record, that in addition to losing the	8		BY MR. GENDE:
9		ability to gradually walk, to gradually grow less	9	Q	
10		coherent, and make less sense as a result of the	10		need help," do you believe that's him self-reporting a
11		medications, also included the involuntary urination	11		potential medical emergency?
12		and defecation and bleeding that we know Mr. Perry	12	Α	·
13		subsequently suffered after returning to PPS?	13	Q	And tell me what your officers did to assist him in
14		MS. LAPPEN: Objection as to the form of the	14		that regard when he said, "I can't breathe"; he called
15		question.	15		out for help; he said, "The officers are killing me"?
16		But go ahead and answer.	16		MS. LAPPEN: Objection. Foundation and form
17	A	Yeah, I don't know.	17		and it's been asked and answered at least twice
18		BY MR. GENDE:	18		in this deposition already.
19	Q	Did you take that into consideration, the urination	19		But go ahead and answer,
20		and defecation and bleeding that we've discussed, when	20	Α	
21		you made this statement?	21		BY MR. GENDE:
22	A	No, I did not.	22	Q	If we move on to the next page, Chief, on the third
23	Q	F - 6-,	23		full paragraph down, your statement is, "As I said,
24		presented with an individual who, as you say, is	24		they had sought medical attention for him already.
25		gradually becoming more incoherent, but that to them	25		The next step in the transportation was to take him to
		- 400			
ŀ		Page 106			Page 108
1		Page 106 was consistent with what they've been told, that he'd	1		_
1 2			1 2		a facility where there are medical personnel on duty
ı		was consistent with what they've been told, that he'd			a facility where there are medical personnel on duty 24 hours a day. We don't have nurses in our jail
2	A	was consistent with what they've been told, that he'd been given a strong sedative." Did you make that statement?  Yes, I did, apparently, yep.	2		a facility where there are medical personnel on duty 24 hours a day. We don't have nurses in our jail facility. The county sheriff's office does, and so
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28 (Pages 109 to 112)

		Page 109			Page 111
1		true statement. Why was it important to get Mr. Perry	1		affirmative or negative response.
2		to CJF where they had medical I'm sorry medical	2		MS. LAPPEN: Objection. It's been asked and
3		personnel on duty 24 hours a day?	3		answered. Form.
4		MS. LAPPEN: Objection. Asked and answered.	4		But go ahead and answer.
5		But go ahead and answer.	5	Α	As far as I understand your question, yes.
6	A	Because once he is processed out of our system, that	6		BY MR. GENDE:
7		is a place that he has subsequent medical problems is	7	Q	Thank you. Chief, if we can go on to page 7, as a
8		in a better position to evaluate and do something	8		further part of your statement, and I'm looking at the
9		about it.	9		first full paragraph where you describe Mr. Perry's
10		BY MR. GENDE:	10		death as being a bad outcome. Do you see where I'm
11	Q	Who said he was having medical problems that required	11		at?
12		a nurse's attention at CJF? Where is that in any of	12	Α	I think at the, yeah, first full paragraph?
13		the reports that we've reviewed, Chief?	13	Q	Yes, sir.
14	A	What we have is a condition in which a guy is under	14	Α	Yeah.
15		the influence of a sedative, has had prior seizures,	15	Q	You go on to state, "All I'm in a position to
16		has self-admitted that he has epilepsy, has been	16		professionally evaluate is did the officers respond in
17		discharged from a hospital over the objection of our	17		a way consistent with their training and policy." Do
18		officers, and continues to obviously respond to the	18		you see where I read that?
19		results of his sedative. Clearly he has medical	19	A	Yes.
20		issues. We know that. Right? The hospital just	20	Q	You agree that was part of your duties and
21		discharged him in the context of his seizures.	21		responsibilities was to make a professional evaluation
22		So we wanted to get him to CJF as expeditiously	22		regarding your officers' conduct on the night in
23		as possible should he have another seizure. The	23		question, right?
24		context of us taking him back from the emergency room	24	Α	That's correct.
25		was he didn't have subsequent seizures in our	25	Q	Now, we've gone over several issues with the officers'
1					
1		Page 110			Page 112
1		Page 110 presence. He presented as you have previously	1		-
2		presence. He presented as you have previously described.	1 2	A	conduct on the night in question, true?
2	Q	presence. He presented as you have previously described.  So in answer to my question, are you telling me that			conduct on the night in question, true? Yes.
2 3 4	Q	presence. He presented as you have previously described.  So in answer to my question, are you telling me that it was important to get Mr. Perry to CJF because they	2		conduct on the night in question, true?
2 3 4 5	Q	presence. He presented as you have previously described.  So in answer to my question, are you telling me that it was important to get Mr. Perry to CJF because they had nurses on duty 24 hours a day because he continued	2 3 4 5		conduct on the night in question, true? Yes. You would agree not all of your officers, based on what we know today, responded in a way that was consistent with their training and policies, true?
2 3 4 5 6		presence. He presented as you have previously described.  So in answer to my question, are you telling me that it was important to get Mr. Perry to CJF because they had nurses on duty 24 hours a day because he continued to suffer from a medical condition?	2 3 4 5 6		conduct on the night in question, true? Yes. You would agree not all of your officers, based on what we know today, responded in a way that was
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29 (Pages 113 to 116)

					25 (rages 115 to 110)
		Page 113			Page 115
1		in question and before his death responded consistent	1		MS. LAPPEN: Objection as to form. It's
2		with MPD's policies, trainings training, and	2		been asked and answered.
3		procedures?	3		But go ahead.
4	A	All right. I'm going to have to engage in some	4	Α	This is a hypothetical?
5		semantics here. All right? I have a lieutenant	5		BY MR. GENDE:
6		there, I have police officers there. Do you want me	6	Q	It is, sir.
7		to lump the lieutenant together with the officers so I	7	Α	Okay. No, it wouldn't be.
8		say, no, they didn't, or do you want me to	8	Q	Chief, I want to continue on page 7. You state, "Did
9		disaggregate the fact that the lieutenant clearly was	9		they spend several hours waiting for that medical
10		wrong and the officers, I thought, were still	10		assistance? They did. When the doctors ruled that he
11		complying with our policies?	11		was fit to come back to the jail but could be expected
12	Q	Chief, whatever you feel comfortable with is how you	12		to present himself in a groggy, less coherent way as
13		should answer the question, and if I have additional	13		the medication took effect, they took the doctor's
14		follow-up, I'll ask it.	14		word and brought him back." Was that a true statement
15	Α	Okay. Well, my feeling is that the officers that were	15		when you made it?
16		involved behaved in a manner consistent with our	16	Α	That's correct, yep.
17		policy.	17	Q	When you made that statement, tell me where you took
18	Q	Which is going to require me to ask some additional	18	•	into account a doctor advising your transporting
19		questions that we've already gone over.	19		personnel that if Mr. Perry had blood coming from an
20	Α	All right.	20		unknown origin or urinated and defecated on himself,
21	Q	Was it consistent with your policies and procedures to	21		that was something that would be an effect of the
22		ignore discharge instructions? I'm not saying that it	22		medication.
23		happened on the night in question. I'm asking you	23	Α	I don't have any information to that effect.
24		generally.	24		Chief, when you had an opportunity to review Exhibit
25	Α	Okay. If we're talking generally, should we ignore	25		No. 69, which we're referring to, did you find any
					8 - 7 7
		Page 114			Page 116
1		Page 114 discharge instructions? No.	1		Page 116
1 2		Page 114 discharge instructions? No. Generally speaking, is it consistent with your	1 2		
		Page 114 discharge instructions? No.		A	Page 116 statements in there to be inconsistent or ones that
2 3 4		Page 114 discharge instructions? No. Generally speaking, is it consistent with your policies and procedures to respond to an inmate who complains of difficulty breathing, "If you're talking,	2	A Q	Page 116 statements in there to be inconsistent or ones that you would change at this point in time? You know, I said what I said. I'm, you know
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30 (Pages 117 to 120)

			1		30 (Pages 117 to 120)
		Page 117			Page 119
1		your police officers performing wellness checks on	1		follow at the time Mr. Perry died?
2		individuals kept in a cell for observation?	2		MS. LAPPEN: Objection as to the form of the
3	Α	I do know there are policies governing it.	3		question. It's argumentative.
4	Q				Go ahead and answer.
5	•	wellness checks are to be conducted include different	5	Α	
6		observation levels?	6	А	
7	Α	I would assume that they do.	7		more of a holdover from earlier years of training but
8	Q	And why would you assume that, Chief?	i		not a current state of training or an expectation.
9	A	•	8	_	BY MR. GENDE:
10	А	in our custody that are exhibiting behaviors that	9	Q	· · · · · · · · · · · · · · · · · · ·
11			10		is a medical emergency that requires additional
12		might indicate a risk to themselves or a suicide risk	11		assistance, what are they trained to do for that
1		or some such thing, and folks under that context are	12		individual before an ambulance or the fire department
13		required to be observed more frequently.	13		or a nurse or a doctor presents themselves?
14	Q	to the state of th	14	A	It depends on the circumstances. If it's a
15		required emergency room contact?	15		circumstance in which conventional first aid can be
16	Α	Well, you know, I think medical conditions are one of	16		applied, they're expected to start the breathing, stop
17		the variables.	17		the bleeding, and treat for shock, and wait for
18	Q	Are you aware strike that. Do you have any	18		medical assistance. If it's somebody who has got a
19		information as we sit here today that Mr. Perry did	19		medical condition, they're just expected to see to it
20		not suffer from a seizure as he lay in cell A3 in his	20		that the person is reasonably comfortable and await
21		blood, spit, and feces?	21		medical transport.
22	Α	Is that the question?	22	O	_
23	Q	Do you have any information?	23	•	comfortable," what does that mean, Chief?
24	Α	I have no	24	Α	
25		MS I ADDEN: I'll object to the form of the	25		
23		MS. LAPPEN: I'll object to the form of the	Z 5		circumstance in which they're not going to injure
23		Page 118	25		circumstance in which they're not going to injure
		Page 118			Page 120
1		Page 118 question.	1	0	Page 120 themselves or others.
1 2		Page 118 question. THE WITNESS: Right. Right.	1 2	Q	Page 120 themselves or others. Do you know if, when Mr. Perry, after he was dropped
1 2 3	A	Page 118 question. THE WITNESS: Right. Right. MS. LAPPEN: But go ahead and answer.	1 2 3	Q	Page 120 themselves or others. Do you know if, when Mr. Perry, after he was dropped on his head and placed in the cell in A3 to be
1 2 3 4	A	Page 118  question.  THE WITNESS: Right. Right.  MS. LAPPEN: But go ahead and answer.  I don't have any information that was brought to my	1 2 3 4		Page 120 themselves or others. Do you know if, when Mr. Perry, after he was dropped on his head and placed in the cell in A3 to be observed, was made more comfortable?
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		Page 121			Page 123
1		for a medical condition, that that prisoner cannot	1		Affairs Division as a potential criminal matter?
2		suffer a medical condition or emergency from that	2	Α	It can be. You know, we sometimes do a single
3		point forward?	3		investigation, and we sometimes do a dual
4	Α	No, they're not trained that way.	4		investigation in which there's one investigation of
5	Q	· · · · · · · · · · · · · · · · · · ·	5		disciplinary violations and a parallel investigation
6		closer attention to an individual who is released from	6		on a criminal side. It depends on the circumstances.
7		an emergency room and remains in their custody and	7	Q	And do you know if there was any inquiry into a
8		control going forward?	8	•	potential criminal investigation as it relates to Mr.
9	Α	The policy in the Prisoner Processing Section does, I	9		Perry's in-custody death?
10		believe, make allowances for people to be under more	10	Α	I don't recall.
11		observation, depending on their physical or mental	11	Q	Do you personally review the entire investigation of
12		condition.	12		in-custody deaths after they're completed?
13	Q	And that was a change made after Mr. Perry's death,	13	Α	
14		correct?	14	Q	Any reason why not?
15	Α	I'm not sure what the sequence was.	15		As I say, I delegate the responsibility for conducting
16		You would agree that your officers should always be on	16		the investigation to the appropriate authority. I
17		the lookout for an individual who may be suffering	17		review the conclusions.
18		from a medical emergency, correct?	18	Q	
19		MS. LAPPEN: Objection as to the form of the	19	`	department strike that. Is it a police officer's
20		question.	20		responsibility or a supervisor's responsibility to
21		But go ahead and answer.	21		make a decision whether an inmate is to receive
22	Α	Certainly.	22		medical attention?
23		BY MR. GENDE:	23	A	I think it depends on the circumstances. I mean, I
24	Q	Is the review conducted after a in-custody death of an	24		don't know who made the decision initially to get him
25		inmate different depending on whether the death is	25		medical treatment, so I would suspect that either can,
		Page 122			Page 124
1		determined to be natural or the result of either	1		but
2		willful or negligent conduct?	2	0	Was there some delineation per policy and procedure
3	Α	The review takes place subsequent to the death and	3	•	that prevents a police officer, as opposed to a
4		generally is taking place even prior to a ruling from	4		supervisor, in requesting medical attention?
5		the ME's office as we try to examine and understand	5		No.
6		the circumstances that preceded the death. And that's	6	Q	For an inmate who has an emergency?
7		fairly standard, and the results of the Medical	7	À	No.
8		Examiner's Office are additional important	8	0	Is there any medical care strike that. Other than
9		information, ultimately, but the investigation doesn't	9	`	CPR, is there any other medical care that's expected
10		wait for that to be done.	10		or should be provided to an inmate in the custody and
11	Q	Are you aware of any officers under your command and	11		control of the Milwaukee Police Department while
12		control that have ever received additional training as	12		they're at a city facility, such as the Prisoner
13		it relates to an in-custody death?	13		Processing Section?
14	A	Do you mean officers that were involved in an incident	14	Α	Well, as I say, I would expect common first aid to be
15		in which there was an in-custody death were retrained?	15		applied if necessary.
16	Q	Let's start with that	16		MR. GENDE: I'm going to take a moment and
17	Α	Yeah.	17		go off the record. We'll review my notes and let
18	Q	proposition.	18		you know if we have any other questions. Thank
19		.,	19		you, Chief.
20	Q	After Mr. Perry's death, the entire police department	20		THE WITNESS: Okay.
21		was retrained on how to respond to medical	21		THE REPORTER: Off the record.
22		emergencies, correct?	22		(Off the record 12:39 - 12:43)
23		Well, we made some adjustments, as I have indicated	23		THE REPORTER: We're back on the record.
24		earlier, yes.	24		BY MR. GENDE:
25	Q	Is an in-custody death investigated by your Internal	25	Q	Chief, was there a general understanding that

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				32 (Pages 123 to 128)
	Page 125			Page 127
1	prisoners in the custody of the Milwaukee Police	1		emergency room with the same patient. That is one of
2	Department who needed further medical care and could			the reasons why, from what I can discern, it made
3	not be taken back to an emergency room should be	3		sense getting it to a different jurisdiction where
4	transported to the Criminal Justice Facility?	4		them presenting it, if necessary, might have a
5	MS. LAPPEN: Objection as to form. It calls	5		different outcome.
6	for speculation.	6	0	
7	MR. JONES: Objection.	7	Q	, and the second
8	MS. LAPPEN: But go ahead.	1		you've referred on numerous occasions of the emergency
9		8		room rejecting Mr. Perry. Mr. Perry was accepted for
10	MR. JONES: Objection to form.	9		admission into the emergency room, was he not?
11	A Yeah. I wouldn't say there was a general expectation.	10	A	Okay. Let me correct myself, then. Yes, he was in
	What I would say is that in this circumstance and in	11		the emergency room. What he wasn't was admitted to
12	our subsequent evaluation of policy, we saw that as a	12		the hospital.
13	way to overcome a circumstance we'd not encountered	13	Q	
14	before. I know we've talked about it before, and that	14		with instructions, correct?
15	is hospital disagrees who would take the prisoner.	15	A	He was given a sedative, I know, and he was released
16	We're not a medical facility.	16		with instructions, yes.
17	And so subsequently our thought has been, if we	17	Q	
18	can't resolve it at a supervisory level, we will	18	•	said Mr. Perry was rejected at the emergency room,
19	transport directly to CJF because they've got medical	19		that would not be an accurate statement, true?
20	personnel there, and they can call for medical	20	Α	No. He was not admitted to the hospital. He was
21	attention we've already [gesturing quotes] lost, if	21		treated at the emergency room.
22	you will.	22	0	
23	At the time, there wasn't a general expectation	23	~	their duty to monitor Mr. Perry's health, safety, and
24	along those lines because we hadn't had that	24		welfare?
25	circumstance before. But in the context of the time,	25	Α	
	Page 126			Page 128
1	an effort was made, from my understanding, to move the	1		MS. LAPPEN: I'll just object to the form.
2	paperwork along faster because we were not somebody	2		THE WITNESS: Yeah.
3	equipped to hold somebody who had had seizures, had	3		MS. LAPPEN: Vague as to which officers.
4	been prescribed seizure message medicine, and was	4		But go ahead and answer.
5	under the influence of a sedative. So they wanted to	5	Λ	No one was relieved from their responsibility to
6	get him out of there over to CJF, and that's that	6	А	monitor his condition.
7	became the priority. Get the paperwork done.	7		BY MR. GENDE:
8	BY MR. GENDE:	8	Ω	
9	Q Was there any policy and procedure in place that	9	Q	For instance, the two officers that transported Mr.
10	prevented Mr. Perry, after he returned to PPS, from	9 10	A	Perry from PPS to the Criminal Justice Facility Mm-hmm.
11	being taken back to an emergency room, whether it was	11	A 0	
12	Mount Sinai or somewhere else?	12	Ų	had a duty and obligation to continue and monitor
13	A Well, this is an interesting issue, and it's an			Mr. Perry until he was discharged from their custody,
14	important issue, which I didn't even know at the time	13 14	٨	correct?
15	because that was my question. Nothing would have	14	A	
16	prevented us taking him back to the place that had	15 16	Q	r Ho moving both from their
17	just rejected him, but what I did find is there's			custody prior to his death?
18		17	A	Well, I don't exactly know. I know from what I read
19	rules against us "emergency room shopping." It's some	18		that apparently he was being rejected, but I did not
20	kind of federal law that prevents us basically from	19		know that to be the truth at the time.
	taking a prisoner from place A that won't accept him	20		Do you have an opinion as we sit here today whether or
21	to Froedtert's emergency room or somebody else's	21		not Mr. Perry continued to be in the custody of
22	emergency room. I forget what the name of it is. You	22		Milwaukee Police Department at the time of his death?
23	guys can look it up, but there is a proscription	23		That's a good question. It was my understanding that
24 25	against it.	24		we were handing him off to CJF. We stayed by him. We
/ 5	And so we couldn't shop around for a different	25		didn't leave him there. But my understanding was he

33 (Pages 129 to 132)

			ı		33 (Pages 129 to 132)
		Page 129			Page 131
1		was in the process of being admitted when he had his	1		of probability whether custody of Mr. Perry changed
2		cardiac event.	2		from the Milwaukee Police Department to the Milwaukee
3	Q	So just so we're clear for the record, because this is	3		County Sheriff's Department at any point prior to his
4		an issue in the case	4		death?
5	A	Mm-hmm.	5	Α	The best I can say is it was in process. We were in
6	Q	is it the chief of police for the Milwaukee Police	6		the process of handing him off. If he was still
7		Department's opinion that Mr. Perry did or did not	7		technically ours, that may well have been so, but my
8		remain in the custody of MPD at the point he passed	8		understanding was it virtually happened in the middle
9		away?	9		of a transfer of custody.
10	A	You may be forgive me. All right? I'm not trying	10	Q	Have you ever had any discussions with Sheriff Clarke
11		to engage in semantics.	11		about Mr. Perry's incident?
12		What my understanding all along has been, we were	12	Α	No.
13		in the process of transferring custody from us to the	13	Q	Have you ever had any discussions with anybody at the
14		sheriff's office. Our people stayed there, the	14		sheriff's department about Mr. Perry's treatment after
15		sheriff's people were there, everybody was there. At	15		he arrived at the Criminal Justice Facility?
16		what legal moment he was theirs, not ours, I can't	16	A	No.
17		answer. I do know that we were taking him where we	17	Q	
18		believeD that he should be. It was my understanding	18	Α	Critical Incident Review Board, CIRB, yeah.
19		he was in the process of being admitted, not rejected,	19	Q	Okay. Was there a Critical Incident Review Board
20		when he had his event. I mean, I know it's a long	20		instituted for Mr. Perry's death?
21		answer to a short question, but that's the best I can	21	A	
22	_	do.	22	Q	
23		Have you seen the tape of Mr. Perry at CJF?	23	Α	
24		I've seen part of it, yeah.	24		later, because it didn't exist at the time of his
25	-0	And in the parts that you saw, did you see Milwaukee	25		death And there were a Darwar Doint arrested that made
		, and the state of	20		death. And there was a PowerPoint created that made
		Page 130			Page 132
1			1		Page 132
1 2		Page 130 Sheriff's Department personnel in the vicinity of Mr. Perry?			
I		Page 130 Sheriff's Department personnel in the vicinity of Mr.	1		Page 132 the recommendation, as I've indicated earlier, that our policy needed to specifically address
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34 (Pages 133 to 136)

### Page 133 Page 135 1 made to the policy. 1 A No. 2 Q And the CIRB, is that made up of supervisory staff? 2 Q Do you have any information or evidence as we sit here 3 Α That's correct. 3 today as to how long blood was seeping from Mr. 4 O Lieutenant and above? 4 Perry's spit mask before he arrived at CJF? 5 A Yeah. 5 6 Q And how are those individuals appointed or elected to 6 Q Do you have any explanation or information or evidence 7 that position? 7 as we sit here today that would suggest that your 8 A Well, they're appointed. They're from a variety of 8 Officer Salinsky or Lopez were unable to view blood 9 disciplines that usually involve people from the 9 seeping from Mr. Perry's spit mask while they were 10 Inspections Bureau and the Police Academy, because the 10 transporting him or escorting him into the facility? Police Academy covers training. Inspections is -- and 11 11 A No. 12 we have individuals from, you know, a variety of 12 Q Have you ever inquired as to how long blood was 13 disciplines on it. 13 seeping from Mr. Perry's spit mask before he arrived 14 Q And this Critical Incident Review Board, is it tasked at CJF? 14 15 with reviewing incidents that only involve potential 15 A Well, this is the first time I've seen this report, so 16 willful misconduct? 16 I don't know. 17 A No, no. It's tasked with reviewing Critical Incidents 17 Q Does that concern you, for the first time seeing this 18 that occurred, period. I mean, there may be 18 report, that your officers transported an individual 19 absolutely no allegations of misconduct at all, but 19 who had blood seeping from his spit mask and carried 20 there could be a pursuit that occurs which is entirely him into a facility without calling for medical 20 21 within policy but, you know, there's a fatal car crash 21 attention themselves? 22 at the end. 22 MS. LAPPEN: Objection as to the question. 23 Okay. What might we have done, even though we 23 It misstates prior deposition testimony. It's 24 clearly were within our standard policy, that might 24 vague and multiple. 25 have, you know, prevented that? There might be a use 25 But go ahead and answer. Page 134 Page 136 1 of force incident that's fully within the current A Well, I mean, they're getting him to where we wanted 1 2 policies and the law. Was there any way that policy him to be, which was a prison facility with a medical 2 3 or training might have come up with a better outcome? 3 capability, and a registered nurse saw him within five 4 So, no, we don't start from the standpoint of 4 minutes of our arriving there. So this is what I 5 we're suspicious of what occurred. We start from the 5 would hope would have occurred. 6 standpoint of this is a critical incident usually 6 BY MR. GENDE: 7 resulting in a death. Let's examine it from the 7 Q You would agree that a prisoner who has blood seeping 8 standpoints of our training and our policies to see if 8 from his spit mask could be exhibiting a medical 9 any issues need to be addressed. 9 emergency, true? 10 Sir, I'd like to show you what we've previously marked 10 MR. JONES: Objection to form. 11 as Exhibit No. 2. This is a county document relative 11 MS. LAPPEN: Join. 12 to their major incident report, and their supervisor, 12 A Yes, they could be. 13 Sergeant Hale, prepared an outline as it relates to 13 BY MR. GENDE: 14 Mr. Perry's sequence of events once he arrived at CJF. 14 Q You would agree that a prisoner who has blood seeping 15 Under the entry "2040 hours" Sergeant Hale documented, 15 from his spit mask -- strike that. You would agree 16 "MPD Officers Frank Salinsky and Richard Lopez 16 that the condition documented by Sergeant Hale, which 17 escorted Prisoner Franklin into prebook in leg 17 reflects Mr. Perry arrived at the CJF with blood 18 restraints, handcuffed behind back, and wearing a spit 18 seeping from his spit mask --19 mask." Do you have any evidence as we sit here today 19 A Mm-hmm. 20 that did not in fact occur as she documented? 20 Q -- would be a change in condition from how Mr. Perry 21 A No. 21 was discharged from the emergency room earlier in the She further documents, "Blood was seeping from the 22 22 evening, correct? 23 spit mask." Do you have any evidence or information 23 A Yes. 24 as we sit here today that her notation in this regard 24 MS. LAPPEN: Objection as to foundation. is inaccurate or untrue? 25 But go ahead and answer.

35 (Pages 137 to 140)

			Т		35 (Pages 137 to 140)
		Page 137			Page 139
1	A	Yep.	1		Mr. Perry was suffering from an uncontrolled bleed
2		BY MR. GENDE:	2		before he arrived at CJF?
3	Q	Would you expect as a law enforcement official and	3	Α	No.
4		supervisor and chief for 25 years that in the event a	4	Q	Does it concern you as the chief of police that Mr.
5		prisoner has blood seeping from his spit mask that he	5		Perry may have been suffering from an uncontrolled
6		would not receive any medical attention for five	6		bleed while he remained at the Prisoner Processing
7		minutes at the Criminal Justice Facility?	7		Section?
8		MS. LAPPEN: Objection. Calls for	8		MS. LAPPEN: Objection as to form and
9		speculation, and foundation.	9		foundation.
10		But go ahead and answer.	10		But go ahead and answer.
11		MR. JONES: Objection to form.	11	Α	If that was true, yes.
12	Α	I think five minutes is reasonable.	12		BY MR. GENDE:
13		(Exhibit 72 identified)	13	Q	
14		BY MR. GENDE:	14	•	Mr. Perry suffered from an uncontrolled bleed at the
15	0	I'm going to show you what we've marked as Exhibit No.			Prisoner Processing Section based on your custodial
16	_	72, which is a further supplement to the Milwaukee	16		employee Puechner's report to a detective that he was
17		Police Department's investigation in the events	17		cleaning up gobs of blood, spit, and feces in the area
18		surrounding Mr. Perry's death, taken by your	18		where Mr. Perry was laying, true?
19		detectives, and they spoke to one of the paramedics.	19		MS. LAPPEN: Objection as to form and
20		I'm on the second page of this exhibit.	20		foundation.
21		Let me know when you're ready, Chief, and I'll	21	Δ	I don't know that that presented as uncontrolled
22		ask a question.	22	71	bleeding. I will say that, yes, blood was found in
23	Α	Sure. Go ahead.	23		the location where he had been laying down.
24		On the second page, your detectives documented, "The	24		MR. GENDE: I have nothing further. I
25	_	nurses told Kimber that they knew Perry was in trouble	25		appreciate your time, Chief.
		Page 138			
		_			Page 140
		when he arrived. He could not walk or stand." Do you	1		THE WITNESS: Thank you.
2		have any reason to dispute this information	2		THE REPORTER: Off the record briefly.
3		NG LADDEN OLD I			
1		MS. LAPPEN: Objection	3		(Off the record 1:01 - 1:01)
4	_	BY MR. GENDE:	4		THE REPORTER: We're back on the record.
4 5	Q	BY MR. GENDE: generated by your detective?	4 5		THE REPORTER: We're back on the record. Mr. Jones.
4 5 6	Q	BY MR. GENDE: generated by your detective? MS. LAPPEN: Objection as to form and	4 5 6		THE REPORTER: We're back on the record.  Mr. Jones.  EXAMINATION
4 5 6 7	Q	BY MR. GENDE: generated by your detective? MS. LAPPEN: Objection as to form and foundation.	4 5 6 7		THE REPORTER: We're back on the record.  Mr. Jones.  EXAMINATION  BY MR. JONES:
4 5 6 7 8		BY MR. GENDE: generated by your detective?  MS. LAPPEN: Objection as to form and foundation.  Go ahead and answer.	4 5 6 7 8	Q	THE REPORTER: We're back on the record.  Mr. Jones.  EXAMINATION  BY MR. JONES:  Chief, do you have any personal knowledge one way or
4 5 6 7 8 9		BY MR. GENDE: generated by your detective?  MS. LAPPEN: Objection as to form and foundation.  Go ahead and answer.  It is consistent with what occurred shortly after he	4 5 6 7 8 9	Q	THE REPORTER: We're back on the record.  Mr. Jones.  EXAMINATION  BY MR. JONES:  Chief, do you have any personal knowledge one way or the other what did or did not happen with respect to
4 5 6 7 8 9		BY MR. GENDE: generated by your detective?  MS. LAPPEN: Objection as to form and foundation.  Go ahead and answer.  It is consistent with what occurred shortly after he was administered his tranquilizer.	4 5 6 7 8 9	Q	THE REPORTER: We're back on the record.  Mr. Jones.  E X A M I N A T I O N  BY MR. JONES:  Chief, do you have any personal knowledge one way or the other what did or did not happen with respect to Mr. Perry once he arrived at the CJF on the night in
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## Video Deposition of Chief Edward Flynn 4/2/2014

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1	Q	So that is a correct statement: you are not offering
2		any opinion?
3	A	No. I'm not trying to assign who it was. I, quite
4		honestly, the handoff was occurring. I don't know.
5		That's for the attorneys to sort out. As far as my
6		understanding was, the handoff was in the process of
7		taking place.
8	Q	And, but you don't have any personal knowledge on the
9		subject, correct?
10	A	No.
11	Q	That is correct, you don't have personal knowledge?
12	A	That's correct, yeah.
13		MR. JONES: Okay. Thank you, Chief. That's
14		it.
15		THE REPORTER: Okay. There being no further
16		questions, the deposition is concluded at 1:03
17		p.m. Off the record.
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